INVENTOR SEARCH

=> d ibib abs l5 1-2

L5 ANSWER 1 OF 2 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2006:164671 HCAPLUS Full-text
DOCUMENT NUMBER: 144:239950
TITLE: Cosmetic and pharmaceutical compositions comprising ACE inhibitors and/or angiotensin II receptor antagonists
INVENTOR(S): Bonnichsen, Richard
PATENT ASSIGNEE(S): Ace Aps, Den.
SOURCE: PCT Int. Appl., 80 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE |
|---|---|---|---|---|---|
| WO 2006018024 | A2 | 20060223 | WO 2005-DK530 | | 20050818 |
| WO 2006018024 | A3 | 20060406 | | | |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | | | | | |
| RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM | | | | | |
| AU 2005274574 | A1 | 20060223 | AU 2005-274574 | | 20050818 |
| CA 2578529 | A1 | 20060223 | CA 2005-2578529 | | 20050818 |
| EP 1789031 | A2 | 20070530 | EP 2005-771000 | | 20050818 |
| R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR | | | | | |
| ZA 2007002216 | A | 20081126 | ZA 2007-2216 | | 20050818 |
| ZA 2008004907 | A | 20090429 | ZA 2008-4907 | | 20050818 |
| US 20090137556 | A1 | 20090528 | US 2007-573781 | | 20070729 |
| PRIORITY APPLN. INFO.: | | | DK 2004-1247 | A | 20040818 |
| | | | US 2004-607919P | P | 20040908 |
| | | | WO 2005-DK530 | W | 20050818 |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB In one aspect, the present invention relates to use of an ACE inhibitor and/or angiotensin II receptor antagonist for the preparation of a medicament for the treatment of a dermatol. disorder, particularly by topical application of said ACE inhibitor and/or angiotensin II receptor antagonist. The present invention also provides cosmetic methods for improving and/or maintaining the skin tone of an individual suffering from, or at risk of suffering from, a dermatol. disorder, said method comprising contacting the skin of said individual with an ACE inhibitor and/or angiotensin II receptor antagonist. Cream bases were prepared and an example is given of a trial in females demonstrating that the amount of fibrosis is reduced by local topical application of a skin lotion with activated ACE inhibitor Ramiprilat.
OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD

(1 CITINGS)
REFERENCE COUNT: 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 2 OF 2 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2005:732585 HCAPLUS Full-text
DOCUMENT NUMBER: 143:179169
TITLE: Cosmetic compositions ACE inhibitors and/or angiotensin II receptor antagonists for treatment of skin aging
INVENTOR(S): Jensen, Benny Vittrup
PATENT ASSIGNEE(S): Ace Aps, Den.
SOURCE: PCT Int. Appl., 48 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE |
|---|---|---|---|---|---|
| WO 2005072696 | A1 | 20050811 | WO 2005-DK65 | | 20050128 |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | | | | | |
| RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | | | |
| AU 2005209045 | A1 | 20050811 | AU 2005-209045 | | 20050128 |
| CA 2554868 | A1 | 20050811 | CA 2005-2554868 | | 20050128 |
| EP 1722746 | A1 | 20061122 | EP 2005-700615 | | 20050128 |
| R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, AL, BA, HR, LV, MK, YU | | | | | |
| CN 1937993 | A | 20070328 | CN 2005-80008911 | | 20050128 |
| ZA 2006006076 | A | 20071227 | ZA 2006-6076 | | 20060721 |
| IN 2006CN03147 | A | 20070608 | IN 2006-CN3147 | | 20060830 |
| US 20090143458 | A1 | 20090604 | US 2007-597545 | | 20071011 |
| PRIORITY APPLN. INFO.: | | | DK 2004-136 | A | 20040130 |
| | | | US 2004-553661P | P | 20040316 |
| | | | WO 2005-DK65 | W | 20050128 |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB The present invention relates to a method and cosmetic preparation comprising an ACE inhibitor and/or angiotensin II receptor antagonist present in an amount of about 0.01 to 100 mg/kg each for the treatment of skin aging or wrinkling. For example, an ACE inhibitor, such as lisinopril 10 mg/kg was formulated in a cream base comprising (i) Phase A containing Emulgade SE 4.0%, Cutina MD 1.0%, Lanette O 1.0%, Baysilon M 350 0.5%, Cetiol PGL 7.0%, Cetiol OE 4.0%, and Copherol 1250 0.5%, (ii) Phase B containing D-panthenol 1.0%, glycerin (86%) 5.0%, and water 71.5%, (iii) Phase C containing Carbopol 980 0.2% and Cetiol PGL 1.0%, and (iv) Phase C containing KOH (20%) 0.3% and perfume/preservative as needed.
OS.CITING REF COUNT: 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

RESULTS FROM SEARCHES IN REGISTRY, CAPLUS, MEDLINE, BIOSIS, EMBASE, AND DRUGU

NOTE: Search Statement L17 has been saved, should information about other compounds be required.

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=> d que stat l19
L7             1 SEA FILE=REGISTRY ABB=ON  LISINOPRIL/CN
L10        16108 SEA FILE=HCAPLUS ABB=ON  ACE?(W)?INHIBITOR? OR ANGIOTENSIN II
                 RECEPTOR ANTAGONISTS
L11          455 SEA FILE=HCAPLUS ABB=ON  L10 AND (?TOPICAL? OR ?SKIN? OR
                 ?DERM?)
L12           42 SEA FILE=HCAPLUS ABB=ON  L11 AND (L7 OR ?LISINOPRIL?)
L13           28 SEA FILE=HCAPLUS ABB=ON  L12 AND (PRD<20040130 OR PD<20040130)

L18           79 SEA L13
L19           79 DUP REMOV L13 L18 (28 DUPLICATES REMOVED)

L19  ANSWER 1 OF 79  HCAPLUS  COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER:         2005:729529  HCAPLUS  Full-text
DOCUMENT NUMBER:          143:211913
TITLE:                    Preparation of bis(aryl)tricyclic modulators of
                          glucocorticoid receptor, AP-1, and/or NFκB
                          activity.
INVENTOR(S):              Yang, Bingwei Vera
PATENT ASSIGNEE(S):       Bristol-Myers Squibb Company, USA
SOURCE:                   PCT Int. Appl., 87 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   1
PATENT INFORMATION:

     PATENT NO.           KIND   DATE        APPLICATION NO.         DATE
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     WO 2005072729         A1    20050811    WO 2005-US1229          20050114 <--
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             CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,
             GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,
             LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI,
             NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY,
             TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
         RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM,
             AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK,
             EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT,
             RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML,
             MR, NE, SN, TD, TG
     US 20050182110        A1    20050818    US 2005-35119           20050113 <--
     US 7326728            B2    20080205
     EP 1708699            A1    20061011    EP 2005-711468          20050114 <--
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO, MK, CY, TR, BG, CZ, EE, HU, PL, SK, HR,
             IS, YU
PRIORITY APPLN. INFO.:                        US 2004-537470P     P  20040116 <--
                                              WO 2005-US1229      W  20050114
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S):          CASREACT 143:211913; MARPAT 143:211913
GI
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* STRUCTURE DIAGRAM TOO LARGE FOR DISPLAY - AVAILABLE VIA OFFLINE PRINT *

AB Title compds. I [R = H, alk(en/yn)yl, cycloalkyl, etc.; R' = H, alk(en/yn)yl, cycloalkyl, etc.; R1-2 = H, halo, OH, etc.; R3-4 = H, alkyl, alk(en/yn)yl, alkoxy, etc.; Z = SO1-2-amino, carboxamido, etc.; A, B = (un)saturated 6-membered carbocyclic, heterocyclic ring] are prepared For instance II is prepared in several steps from 9-nitroanthracene, Me 2-acetamidoacrylate and 2-amino-4-(naphthalen-1-yl)imidazole. I are glucocorticoid receptor modulators and are useful for the treatment of diseases associated with AP-1 or NF-κB-induced transcription [no data]. OS.CITING REF COUNT: 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD
(10 CITINGS)
REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 2 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2005:1004365 HCAPLUS Full-text
DOCUMENT NUMBER: 143:279460
TITLE: Methods and compositions for treating diseases associated with excesses in ACE
INVENTOR(S): Moskowitz, David W.
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 42 pp., Cont.-in-part of U.S. Ser. No. 213,330.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE | |
|---|---|---|---|---|---|---|
| US 20050203169 | A1 | 20050915 | US 2004-967754 | | 20041018 | <-- |
| US 20030040509 | A1 | 20030227 | US 2002-213330 | | 20020806 | <-- |
| US 20060111397 | A1 | 20060525 | US 2005-284227 | | 20051121 | <-- |
| PRIORITY APPLN. INFO.: | | | US 2001-310064P | P | 20010806 | <-- |
| | | | US 2002-347013P | P | 20020111 | <-- |
| | | | US 2002-347905P | P | 20020115 | <-- |
| | | | US 2002-350563P | P | 20020124 | <-- |
| | | | US 2002-352072P | P | 20020128 | <-- |
| | | | US 2002-352074P | P | 20020128 | <-- |
| | | | US 2002-352484P | P | 20020130 | <-- |
| | | | US 2002-378467P | P | 20020508 | <-- |
| | | | US 2002-379796P | P | 20020513 | <-- |
| | | | US 2002-380741P | P | 20020516 | <-- |
| | | | US 2002-213330 | A2 | 20020806 | <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB Numerous common diseases are associated with the ACE D/D genotype and will respond to an adequate tissue-ID of ACE inhibitors such as quinapril. Detailed genotype studies establish the association and several of these diseases are successfully treated using higher than normal dosages of ACE inhibitors, especially hydrophobic ACE inhibitors. ACE inhibitors have also been found to be useful in inhibiting apoptosis and aging in general. Formulations containing a second active agent such as a diuretic, or a compound such as furosemide 20 mg/day (for creatinine<2.5 mg/dL) or furosemide 40 mg/day (for creatinine>2.5 mg/dL), are used to prevent fluid retention and congestive heart failure in patients with renal failure. The ACE inhibitors can also be combined with an angiotensin receptor

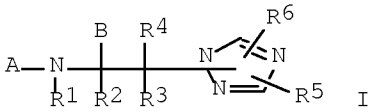
blocker. OS.CITING REF COUNT: 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD

(2 CITINGS)

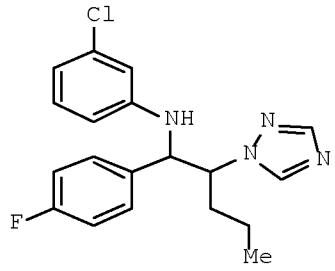
L19 ANSWER 3 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2004:1127349 HCAPLUS Full-text
DOCUMENT NUMBER: 142:74574
TITLE: Preparation of 1,2,4-triazolylethylamines as modulators of the glucocorticoid receptor
INVENTOR(S): Robinson, Leslie; Rueter, Jaimie K.; Moree, Wilna J.
PATENT ASSIGNEE(S): Bristol-Myers Squibb Company, USA
SOURCE: PCT Int. Appl., 69 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2004111015 | A1 | 20041223 | WO 2004-US18487 | 20040611 <-- |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | | | | |
| RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | | |
| US 20040266831 | A1 | 20041230 | US 2004-865443 | 20040610 <-- |
| US 7459474 | B2 | 20081202 | | |

PRIORITY APPLN. INFO.: US 2003-477545P P 20030611 <--
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S): CASREACT 142:74574; MARPAT 142:74574
GI



I



II

AB Title compds. I [A, B = cycloalkyl, aryl, heteroaryl; R1 = H, acyl, carboxy, etc.; R2-4 = H, alkyl, heteroalkyl, etc.; R5-6 = H, F, Cl, Br, etc.] are prepared General synthetic procedures are provided for the synthesis of 19 examples, e.g., II. Example compds. are tested in a glucocorticoid receptor binding assay in the range of 0.1 nM to 40 μM [no data]. I are glucocorticoid receptor modulators and are useful in treating diseases requiring glucocorticoid receptor agonist or antagonist therapy such as obesity, diabetes, inflammatory and immune disorders.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 4 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2004:1124626 HCAPLUS Full-text
DOCUMENT NUMBER: 142:79913
TITLE: Enalapril-nitroxy derivatives and related compounds as ace inhibitors for the treatment of cardiovascular diseases
INVENTOR(S): Almirante, Nicoletta; Ongini, Ennio; Del Soldato, Piero
PATENT ASSIGNEE(S): Nicox S. A., Fr.
SOURCE: PCT Int. Appl., 132 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2004110432 | A1 | 20041223 | WO 2004-EP51089 | 20040611 <-- |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | | | | |
| RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | | |
| AU 2004246821 | A1 | 20041223 | AU 2004-246821 | 20040611 <-- |
| CA 2529478 | A1 | 20041223 | CA 2004-2529478 | 20040611 <-- |
| EP 1635816 | A1 | 20060322 | EP 2004-741779 | 20040611 <-- |
| EP 1635816 | B1 | 20090304 | | |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK | | | | |
| BR 2004011430 | A | 20060725 | BR 2004-11430 | 20040611 <-- |
| CN 1809345 | A | 20060726 | CN 2004-80017127 | 20040611 <-- |
| AT 424199 | T | 20090315 | AT 2004-741779 | 20040611 <-- |
| ES 2322263 | T3 | 20090618 | ES 2004-741779 | 20040611 <-- |
| US 20050004100 | A1 | 20050106 | US 2004-869038 | 20040617 <-- |
| US 7217733 | B2 | 20070515 | | |
| MX 2005013771 | A | 20060308 | MX 2005-13771 | 20051215 <-- |
| KR 2006021900 | A | 20060308 | KR 2005-724266 | 20051216 <-- |
| IN 2006CN00220 | A | 20070427 | IN 2006-CN220 | 20060117 <-- |
| NO 2006000268 | A | 20060315 | NO 2006-268 | 20060118 <-- |
| ZA 2006000526 | A | 20070131 | ZA 2006-526 | 20060118 <-- |
| PRIORITY APPLN. INFO.: | | | EP 2003-101796 A | 20030619 <-- |

WO 2004-EP51089 W 20040611
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S): MARPAT 142:79913
AB Disclosure is compds. with a general formula of A-(X1-ONO2)S, wherein A is a known ACE-inhibitor such as enalapril and X1 is a spacer such as a (C1-C6)-alkylene. The compds. can be used as ACE -inhibitors for the treatment of cardiovascular and renal diseases and inflammatory processes. The compds. have an improved pharmacol. activity when compared with the structurally closest related prior art compound For example, synthesized N-[(1S)-1-ethoxycarbonyl-3-phenylpropyl]-L-alanyl-L-proline 3-nitrooxypropyl ester hydrogen maleate was found to have good vasorelaxation property.
OS.CITING REF COUNT: 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 5 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2004:490720 HCAPLUS Full-text
DOCUMENT NUMBER: 141:59698
TITLE: ACE inhibitors having antioxidant and NO-donor activity and use for cardiovascular, renal and diabetes-associated disorders
INVENTOR(S): Haj-Yehia, Abdullah Ibrahim; Khan, Mohamed Amin; Qadri, Bashir Ali
PATENT ASSIGNEE(S): Yissum Research Development Company of the Hebrew University of Jerusalem, Israel
SOURCE: PCT Int. Appl., 91 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2004050084 | A2 | 20040617 | WO 2003-IL1006 | 20031127 <-- |
| WO 2004050084 | A3 | 20040930 | | |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | | | | |
| RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | | |
| AU 2003286389 | A1 | 20040623 | AU 2003-286389 | 20031127 <-- |
| EP 1578413 | A2 | 20050928 | EP 2003-777134 | 20031127 <-- |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK | | | | |
| US 20060166894 | A1 | 20060727 | US 2005-536628 | 20051219 <-- |

PRIORITY APPLN. INFO.: US 2002-429864P P 20021129 <--
US 2002-430003P P 20021129 <--
WO 2003-IL1006 W 20031127 <--
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S): MARPAT 141:59698
AB The present invention provides multifunctional ACE inhibitor compds. that combine ACE-inhibiting activity with capability to scavenge superoxide and other reactive oxygen species, and that may further function as nitric oxide (NO) donors.

The compds. are useful for preventing or treating various disorders, including cardiovascular, and diabetes-associated disorders. This invention is further directed to a method for treating and preventing a disorder in which treatment with an ACE inhibitor is indicated, and mainly cardiovascular disorders, renal disorders, and diabetes-associated disorders. The use of said compds. in the preparation of a medicament is further provided.
OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 6 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2004:363685 HCAPLUS Full-text
DOCUMENT NUMBER: 140:380637
TITLE: Stabilisation of pharmaceutical compositions comprising ACE inhibitor by absence of acidic excipients having large specific surface area, e.g. silicon dioxide
INVENTOR(S): Bergman, Jeffrey; Mantri, Pranita S.
PATENT ASSIGNEE(S): Niche Generics Limited, UK; Unichem Laboratories Limited
SOURCE: Brit. UK Pat. Appl., 50 pp.
CODEN: BAXXDU
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| GB 2394660 | A | 20040505 | GB 2003-29232 | 20031217 <-- |
| PRIORITY APPLN. INFO.: | | | GB 2003-29232 | 20031217 <-- |

OTHER SOURCE(S): MARPAT 140:380637
AB The present invention relates to stable pharmaceutical compns. comprising an ACE inhibitor (which are otherwise susceptible to degradation due to cyclisation, hydrolysis and oxidation). This is achieved by providing compns. substantially free of any acidic excipients having a large sp. surface area, especially substantially free of colloidal silicon dioxide. The composition also comprises one or more excipients, which are preferably compatible with the ACE inhibitor. The ACE inhibitor is preferably perindopril or ramipril. The composition may be used as a medicament for the treatment or prevention of a cardiovascular disorder, hypertension, coronary heart disease or a cerebrovascular disease. The composition may further comprise a β-blocker, a diuretic, a calcium-channel blocker, a vasodilator anti- hypertensive drug, or an angiotensin II receptor antagonist.
OS.CITING REF COUNT: 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 7 OF 79 MEDLINE on STN
ACCESSION NUMBER: 2004349405 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 15250920
TITLE: Drug therapy for hypertension in hemodialysis patients.
AUTHOR: Horl Matthias P; Horl Walter H
CORPORATE SOURCE: University Hospital Benjamin Franklin, Free University Berlin, Germany.
SOURCE: Seminars in dialysis, (2004 Jul-Aug) Vol. 17, No. 4, pp. 288-94. Ref: 93
Journal code: 8911629. ISSN: 0894-0959. L-ISSN: 0894-0959.
PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200411
ENTRY DATE: Entered STN: 15 Jul 2004
Last Updated on STN: 17 Nov 2004
Entered Medline: 16 Nov 2004

AB The majority of end-stage renal disease (ESRD) patients are hypertensive. Drug therapy for hypertension in hemodialysis (HD) patients includes all classes of antihypertensive drugs, with the sole exception of diuretics. Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers may decrease morbidity and mortality by reducing the mean arterial pressure (MAP), aortic pulse wave velocity, and aortic systolic pressure augmentation, as well as left ventricular hypertrophy (LVH) and probably reduction of C-reactive protein (CRP) and oxidant stress. Potential risk factors include hyperkalemia, anaphylactoid reaction with AN69 membranes (particularly ACE inhibitors), and aggravation of renal anemia. beta-blockers decrease not only mortality, blood pressure (BP), and ventricular arrhythmias, but also improve left ventricular function in ESRD patients. Nonselective beta-blockers can cause an increase in serum potassium (particularly during fasting or exercise). Lisinopril and atenolol have a predominant renal excretion and therefore a prolonged half life in ESRD patients. Thus thrice-weekly supervised administration of these drugs after HD can enhance BP control. The use of calcium channel blockers is also associated with lower total and cardiovascular-specific mortality in HD patients. Minoxidil is a very potent vasodilator that is generally reserved for dialysis patients with severe hypertension. Hypertensive dialysis patients who are noncompliant with their medications may benefit from transdermal clonidine therapy once a week. The majority of dialysis patients need a combination of several antihypertensive drugs for adequate BP control.

L19 ANSWER 8 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2004394231 EMBASE Full-text
TITLE: Which strategy should be used for postinfarct treatment?.
AUTHOR: Tavazzi, Luigi, Prof. (correspondence)
CORPORATE SOURCE: Department of Cardiology, Policlinico San Marco, Institute of Care and Research, Pavia, Italy. l.tavazzi@smatteo.pv.it
AUTHOR: Tavazzi, Luigi, Prof. (correspondence)
CORPORATE SOURCE: IRCCS, Policlinico San Matteo, Dipartimento di Cardiologia, P. le Golgi 2, 27100 Pavia, Italy. l.tavazzi@smatteo.pv.it
AUTHOR: Tavazzi, Luigi, Prof. (correspondence)
CORPORATE SOURCE: IRCCS, Policlinico San Mateo, Dipartimento di Cardiologia, P. le Golgi 2, 27100 Pavia, Italy. l.tavazzi@smatteo.pv.it
SOURCE: Dialogues in Cardiovascular Medicine, (2004) Vol. 9, No. 2, pp. 101-107.
Refs: 13
ISSN: 1272-9949 CODEN: DCMIAV
COUNTRY: France
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 30 Sep 2004
Last Updated on STN: 30 Sep 2004

AB The renin-angiotensin-aldosterone system (RAAS) is both a trophic factor and an opoptotic trigger in Postinfarct ventricular remodeling. Its cardiac paracrine impact on endothelium, small vessel tone, and fluid-electrolyte balance hastens the heart failure syndrome. Although the current consensus, based largely on first year follow-up data, favors modulating the RAAS with a combination of angiotensin-converting enzyme ( ACE) inhibitors and β-blockers, studies to date may have overestimated the degree of longerterm benefit. Meta-analysis of post-infarct trials shows that survival curves in patients with and without ACE-inhibitor therapy become roughly parallel after the initial 1 to 2 years. Thus, the RAAS may eventually become refractory to ACE inhibitor blockade. Ongoing trials aim to determine whether angtotensin II receptor blockade will prove more effective, in isolation or in combination with ACEI.

L19 ANSWER 9 OF 79 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2004075395 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 14964753
TITLE: Cutaneous vasculitis secondary to ramipril.
AUTHOR: Gupta S; Gandhi N M; Ferguson J
CORPORATE SOURCE: Department of Cardiology, Regional Cardiothoracic Centre, Wythenshawe Hospital, Manchester M23 9LT, United Kingdom.. sanjaygupta@dr.com
SOURCE: Journal of drugs in dermatology : JDD, (2004 Jan-Feb) Vol. 3, No. 1, pp. 81-2.
Journal code: 101160020. ISSN: 1545-9616. L-ISSN: 1545-9616.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200404
ENTRY DATE: Entered STN: 17 Feb 2004
Last Updated on STN: 14 Apr 2004
Entered Medline: 13 Apr 2004

AB A 61-year-old patient who had been treated with lisinopril in the past without any problems was commenced on ramipril for left ventricular dysfunction. He developed a painful symmetrical purpuric eruption over both feet after three days. A full vasculitis screen was negative. Ramipril was stopped and he required a course of steroids after which the rash improved slowly. The ACE inhibitors can cause various skin side effects; however, it rarely causes cutaneous vasculitis. Ramipril-induced cutaneous vasculitis is particularly rare and our case was atypical because the patient had tolerated lisinopril before. Previous successful treatment with one ACE inhibitor does not rule out the vasculitis caused by the drug from the same group. Here we report ramipril-induced cutaneous vasculitis in a patient who required steroid therapy to control it.

L19 ANSWER 10 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2003:931187 HCAPLUS Full-text
DOCUMENT NUMBER: 139:391360
TITLE: Combination of an ACE inhibitor, a calcium channel blocker and a diuretic for treating vascular and related disorders
INVENTOR(S): Grigorieff, Melissa; Shetty, Suraj Shivappa; Webb, Randy Lee
PATENT ASSIGNEE(S): Novartis AG, Switz.; Novartis Pharma GmbH
SOURCE: PCT Int. Appl., 30 pp.

CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2003097067 | A1 | 20031127 | WO 2003-EP5195 | 20030516 <-- |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LT, LU, LV, MA, MD, MK, MN, MX, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SE, SG, SK, TJ, TM, TN, TR, TT, UA, US, UZ, VC, VN, YU, ZA, ZW | | | | |
| RW: AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK | | | | |
| CA 2482348 | A1 | 20031127 | CA 2003-2482348 | 20030516 <-- |
| AU 2003232791 | A1 | 20031202 | AU 2003-232791 | 20030516 <-- |
| EP 1507537 | A1 | 20050223 | EP 2003-752758 | 20030516 <-- |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK | | | | |
| JP 2005526130 | T | 20050902 | JP 2004-505065 | 20030516 <-- |
| US 20040254176 | A1 | 20041216 | US 2004-466198 | 20040727 <-- |

PRIORITY APPLN. INFO.: US 2002-381545P P 20020517 <--
WO 2003-EP5195 W 20030516 <--

AB The present invention relates to a method of treatment of a condition or disease selected from the group consisting of hypertension, left ventricular dysfunction and hypertrophic cardiomyopathy, diabetic cardiac myopathy, supraventricular and ventricular arrhythmias, atrial fibrillation, atrial flutter, detrimental vascular remodeling, myocardial infarction and its sequelae, atherosclerosis, angina (whether unstable or stable), renal insufficiency (diabetic and non-diabetic), heart failure, angina pectoris, diabetes, secondary aldosteronism, primary and secondary pulmonary hypertension, renal failure conditions, such as diabetic nephropathy, glomerulonephritis, scleroderma, glomerular sclerosis, proteinuria of primary renal disease, and also renal vascular hypertension, diabetic retinopathy, the management of other vascular disorders, such as migraine, peripheral vascular disease, Raynaud's disease, luminal hyperplasia, endothelial dysfunction, cognitive dysfunction (such as Alzheimer's), glaucoma and stroke, comprising administering, to a mammal in need thereof, a therapeutically effective amount of a combination comprising (i) an ACE inhibitor, (ii) a calcium channel blocker (CCB), and (iii) a diuretic. OS.CITING REF COUNT: 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 11 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2003:777526 HCAPLUS Full-text
DOCUMENT NUMBER: 139:286322
TITLE: PAR receptor-mediated antiangiogenic activity of thrombin and use of PAR receptor agonists for the treatment of cancer and other angiogenesis-associated diseases
INVENTOR(S): Sukhatme, Vikas P.; Merchan, Jaime; Chan, Barden
PATENT ASSIGNEE(S): Beth Israel Deaconess Medical Center, USA
SOURCE: PCT Int. Appl., 77 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2003079978 | A2 | 20031002 | WO 2003-US8121 | 20030314 <-- |
| WO 2003079978 | A3 | 20040226 | | |

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

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|---|---|---|---|---|---|
| AU 2003218213 | A1 | 20031008 | AU 2003-218213 | | 20030314 <-- |
| US 20050232925 | A1 | 20051020 | US 2005-508317 | | 20050616 <-- |
| PRIORITY APPLN. INFO.: | | | US 2002-365165P | P | 20020318 <-- |
| | | | WO 2003-US8121 | W | 20030314 <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB The present invention features pharmaceutical compns. and methods to inhibit angiogenesis, with implications to cancer therapy. These methods are based on the discovery that activated thrombin has antiangiogenic activity and that this antiangiogenic activity is at least in part, mediated through the activation of a class of thrombin receptors termed, protease-activated receptor (PAR). Pharmaceutical compns. and methods are also directed to a class of proteases which mediate this activation, particularly the urokinase plasminogen activator (uPA) polypeptide. OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD
(1 CITINGS)
REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 12 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2003:132967 HCAPLUS Full-text
DOCUMENT NUMBER: 138:163546
TITLE: Methods and compositions for treating diseases associated with excesses in ACE
INVENTOR(S): Moskowitz, David W.
PATENT ASSIGNEE(S): Genomed, LLC, USA
SOURCE: PCT Int. Appl., 44 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2003013434 | A2 | 20030220 | WO 2002-US25001 | 20020806 <-- |
| WO 2003013434 | A3 | 20030828 | | |

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY,

KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

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|---|---|---|---|---|---|
| AU 2002355419 | A1 | 20030224 | AU 2002-355419 | | 20020806 <-- |
| JP 2005503378 | T | 20050203 | JP 2003-518448 | | 20020806 <-- |
| PRIORITY APPLN. INFO.: | | | US 2001-310064P | P | 20010806 <-- |
| | | | US 2002-347013P | P | 20020111 <-- |
| | | | US 2002-347905P | P | 20020115 <-- |
| | | | US 2002-350563P | P | 20020124 <-- |
| | | | US 2002-352072P | P | 20020128 <-- |
| | | | US 2002-352074P | P | 20020128 <-- |
| | | | US 2002-352484P | P | 20020130 <-- |
| | | | US 2002-378467P | P | 20020508 <-- |
| | | | US 2002-379796P | P | 20020513 <-- |
| | | | US 2002-380741P | P | 20020516 <-- |
| | | | WO 2002-US25001 | W | 20020806 <-- |

AB Over 40 common diseases, in addition to congestive heart failure (CHF) due to hypertension (HTN) or non-insulin dependent diabetes mellitus (type II diabetes mellitus) (NIDDM), atherosclerotic peripheral vascular disease (ASPVD) due to HTN or NIDDM, and chronic obstructive pulmonary disease; emphysema (COPD), are associated with the ACE D/D genotype and should also respond to an adequate tissue-ID of ACE inhibitors such as quinapril. Several of these diseases have now been successfully treated using higher than normal dosages of ACE inhibitors, especially hydrophobic ACE inhibitors, with good outcomes. ACE inhibitors have also been found to be useful in inhibiting apoptosis and aging in general. Dosages that have been utilized are typically greater than quinapril at a dose of 40 to 80 mg/day, i.e. up to 1 mg/kg per day for a "typical" 80 kg patient. New formulations of ACE inhibitors have been developed for these higher dosages, including 80 mg tablets, controlled and/or sustained release formulations, and formulations containing a second active agent such as a diuretic, or a compound such as furosemide 20 mg/day (for creatinine <2.5 mg/dL) or furosemide 40 mg/day (for creatinine >2.5 mg/dL), to prevent fluid retention and congestive heart failure in patients with renal failure. The ACE inhibitors can also be combined with an angiotensin receptor blocker. OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD

(1 CITINGS)

L19 ANSWER 13 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2003:319495 HCAPLUS Full-text
DOCUMENT NUMBER: 138:343864
TITLE: In vivo delivery methods and compositions
INVENTOR(S): Kensey, Kenneth
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 45 pp., Cont.-in-part of U.S. Ser. No. 819,924.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 8
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| US 20030078517 | A1 | 20030424 | US 2001-839785 | 20010420 <-- |
| US 6019735 | A | 20000201 | US 1997-919906 | 19970828 <-- |
| CA 2301161 | A1 | 19990304 | CA 1998-2301161 | 19980826 <-- |
| WO 9910724 | A2 | 19990304 | WO 1998-US17657 | 19980826 <-- |

W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX,

NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT,
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TJ, TM, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU,
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SN, TD, TG

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| HU 2001000201 | A2 | 20010528 | HU 2001-201 | 19980826 | <-- |
| HU 2001000201 | A3 | 20040329 | | | |
| NZ 502905 | A | 20010831 | NZ 1998-502905 | 19980826 | <-- |
| JP 2001514384 | T | 20010911 | JP 2000-507994 | 19980826 | <-- |
| US 6322524 | B1 | 20011127 | US 1999-439795 | 19991112 | <-- |
| US 6322525 | B1 | 20011127 | US 2000-501856 | 20000210 | <-- |
| NO 2000000944 | A | 20000225 | NO 2000-944 | 20000225 | <-- |
| MX 2000002073 | A | 20010821 | MX 2000-2073 | 20000228 | <-- |
| US 6428488 | B1 | 20020806 | US 2000-615340 | 20000712 | <-- |
| WO 2002009583 | A2 | 20020207 | WO 2001-US23696 | 20010730 | <-- |
| WO 2002009583 | A3 | 20020425 | | | |

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UZ, VN, YU, ZA, ZW, SZ, BE, CY, FR, GR, IE, IT, MC, NL, BF, BJ,
CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

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| WO 2002043806 | A2 | 20020606 | WO 2001-US44352 | 20011127 | <-- |
| WO 2002043806 | A3 | 20030327 | | | |

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GQ, GW, ML, MR, NE, SN, TD, TG

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| AU 2002026986 | A | 20020611 | AU 2002-26986 | 20011127 | <-- |
| US 20020088953 | A1 | 20020711 | US 2001-33841 | 20011227 | <-- |
| US 6624435 | B2 | 20030923 | | | |
| WO 2002079778 | A2 | 20021010 | WO 2002-US3984 | 20020207 | <-- |
| WO 2002079778 | A3 | 20030710 | | | |

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IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN,
GQ, GW, ML, MR, NE, SN, TD, TG

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|---|---|---|---|---|---|
| US 20020184941 | A1 | 20021212 | US 2002-156165 | 20020528 | <-- |
| US 6571608 | B2 | 20030603 | | | |

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| PRIORITY APPLN. INFO.: | US 1997-919906 | A2 | 19970828 | <-- |
| | US 1999-439795 | A2 | 19991112 | <-- |
| | US 2000-501856 | A2 | 20000210 | <-- |
| | US 2000-628401 | A2 | 20000801 | <-- |
| | US 2000-727950 | B2 | 20001201 | <-- |
| | US 2001-819924 | A2 | 20010328 | <-- |
| | US 1997-966076 | A | 19971107 | <-- |

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|---|---|---|---|
| WO 1998-US17657 | W | 19980826 | <-- |
| US 2000-615340 | A3 | 20000712 | <-- |
| US 2000-228612P | P | 20000828 | <-- |
| US 2001-789350 | B2 | 20010221 | <-- |
| US 2001-828761 | A | 20010409 | <-- |
| US 2001-839785 | A | 20010420 | <-- |
| US 2001-841389 | A | 20010424 | <-- |
| US 2001-897164 | A3 | 20010702 | <-- |
| WO 2001-US44352 | W | 20011127 | <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB Various methods are provided for determining and utilizing the viscosity of the circulating blood of a living being over a range of shear rates for diagnostics and treatment, such as detecting/reducing blood viscosity, work of the heart, contractility of the heart, for detecting/reducing the surface tension of the blood, for detecting plasma viscosity, for explaining/countering endothelial cell dysfunction, for providing high and low blood vessel wall shear stress data, red blood cell deformability data, lubricity of blood, and for treating different ailments such as peripheral arterial disease in combination with administering to a living being at least 1 drug. Agents effective to regulate at least 1 of the aforementioned blood parameters are used to adjust distribution of a substance through the bloodstream.

OS.CITING REF COUNT: 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)

L19 ANSWER 14 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN

ACCESSION NUMBER: 2003:319442 HCAPLUS Full-text

DOCUMENT NUMBER: 138:314583

TITLE: Methods using highly effective inhibition of the renin-angiotensin system for protecting tissue from the effects of angiotensin II

INVENTOR(S): Weinberg, Marc S.

PATENT ASSIGNEE(S): USA

SOURCE: U.S. Pat. Appl. Publ., 39 pp.
CODEN: USXXCO

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE | |
|---|---|---|---|---|---|---|
| US 20030078190 | A1 | 20030424 | US 2002-155824 | | 20020524 | <-- |
| PRIORITY APPLN. INFO.: | | | US 2001-293835P | P | 20010525 | <-- |

AB Methods and pharmaceutical compns. are provided for protecting tissue of a subject from the effects of angiotensin II. The methods involve administering to subjects angiotensin receptor blockers (ARB), either by themselves at doses beyond those recommended or effective for the management of hypertension, or in combination with angiotensin-converting enzyme inhibitors (ACEI). The pharmaceutical compns. include both an ARB and an ACEI and are formulated in certain preferred embodiments for once-daily oral administration. The methods and pharmaceutical compns. are useful for the treatment of proteinuria, chronic or congestive heart failure, aneurysms, and vascular tissue hypertrophy.

L19 ANSWER 15 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003445464 EMBASE Full-text

TITLE: Association between ACE inhibitors use and headache caused by nitrates among hypertensive

patients: Results from the Italian group of pharmacoepidemiology in the elderly (GIFA).
AUTHOR: Onder, G., Dr. (correspondence); Gambassi, G.; Federici, A.; Savo, A.; Carbonin, P.; Bernabei, R.
CORPORATE SOURCE: Centro Medicina dell'Invecchiamento, Univ. Cattolica del Sacro Cuore, Rome, Italy. graziano_onder@rm.unicatt.it
AUTHOR: Onder, G., Dr. (correspondence); Pahor, M.
CORPORATE SOURCE: Sect. of Gerontology and Geriatrics, Sticht Center on Ageing, Wake Forest Univ.-School of Medicine, Winston Salem, NC, United States. graziano_onder@rm.unicatt.it
AUTHOR: Onder, G., Dr. (correspondence)
CORPORATE SOURCE: Centro Medicina dell'Invecchiamento, Univ. Cattolica del Sacro Cuore, Policlinico A. Gemelli, L.go Francesco Vito 1, 00168 Roma, Italy. graziano_onder@rm.unicatt.it
SOURCE: Cephalalgia, (Nov 2003) Vol. 23, No. 9, pp. 901-906.
Refs: 24
ISSN: 0333-1024 CODEN: CEPHDF
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
020 Gerontology and Geriatrics
037 Drug Literature Index
038 Adverse Reactions Titles
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20 Nov 2003
Last Updated on STN: 20 Nov 2003

AB Treatment with ACE inhibitors has shown to be effective in the prophylaxis of migraine attacks. The aim of this study was to explore whether among hospitalized hypertensive patients use of ACE inhibitors may reduce the risk of headache caused by nitrates. To this end, we used the GIFA database, that includes patients admitted to academic medical centres throughout Italy. We studied 1537 patients (mean age 75 ± 10 years) receiving treatment with nitrates during a hospital stay and diagnosed with hypertension. Headaches that had a probable or definite causal relation with nitrates use based on the Naranjo algorithm were considered for this analysis. Of the total enrolled sample, 762 patients (50%) used ACE inhibitors during hospital stay. Headache caused by nitrates was recorded in 12/762 (1.6%) ACE inhibitor users and in 24/775 (3.2%) other participants (P = 0.049). After adjusting for potential confounders, ACE inhibitors use was associated with a significantly lower risk of headache (OR 0.43; 95% Confidence Intervals: 0.20-0.90). This result was confirmed if ACE inhibitors use was compared with use of other antihypertensive agents (OR 0.44; 95% CI 0.20-0.95). In conclusion, this study suggests that among hypertensive subjects use of ACE inhibitors is associated with a reduced risk of headache caused by nitrates.

L19 ANSWER 16 OF 79 EMBASE 
ACCESSION NUMBER: 2003293607 EMBASE Full-text
TITLE: Efficacy and tolerability of delapril plus indapamide versus lisinopril plus hydrochlorothiazide combination treatments in mild to moderate hypertension: A multicenter, randomized clinical study.
AUTHOR: Cremonesi, Giovanni; Cavalieri, Luca
CORPORATE SOURCE: Chiesi Farmaceutici SpA, Parma, Italy.
AUTHOR: Bacchelli, Stefano, Dr. (correspondence); Esposti, Daniela Degli; Borghi, Claudio; Ambrosioni, Ettore

CORPORATE SOURCE: Dept. of Int. Medicine D. Campanacci, University of Bologna, Bologna, Italy. stefbacche.unibo@genie.it
AUTHOR: Cikes, Ivo
CORPORATE SOURCE: Clinic of Cardiovascular Disease, University of Zagreb, Zagreb, Croatia.
AUTHOR: Dobovisek, Jurij
CORPORATE SOURCE: Department of Internal Medicine, University of Ljubljana, Ljubljana, Slovenia.
AUTHOR: Zeman, Jan
CORPORATE SOURCE: Department of Clinical Cardiology, University of Prague, Prague, Czech Republic.
AUTHOR: Bacchelli, Stefano, Dr. (correspondence)
CORPORATE SOURCE: Dept. of Int. Medicine D. Campanacci, University of Bologna, Policlinico S. Orsola, Via Massarenti 9, 40138 Bologna, Italy. stefbacche.unibo@genie.it
SOURCE: Current Therapeutic Research - Clinical and Experimental, (1 May 2003) Vol. 64, No. 5, pp. 290-300.
Refs: 18
ISSN: 0011-393X CODEN: CTCEA9
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 10 Aug 2003
Last Updated on STN: 10 Aug 2003

AB Background: Several studies have shown that antihypertensive monotherapy is commonly insufficient to control blood pressure (BP) in hypertensive patients and that concomitant use of ≥2 drugs is necessary in .apprx.50% of these patients. The combination of an angiotensin-converting enzyme (ACE) inhibitor and a diuretic, delapril plus indapamide (D+I), has been shown to be effective and tolerable, with no interaction between the 2 components. Another widely used combination of ACE inhibitor and diuretic is lisinopril plus hydrochlorothiazide (L+H). Objectives: The aims of this study were to confirm the antihypertensive efficacy and tolerability of the fixed combination of D+I in mild to moderate hypertension, and to compare its therapeutic efficacy and tolerability with that of L+H. Methods: The antihypertensive efficacy and tolerability of a fixed combination of D+I (30-mg + 2.5-mg tablets once daily) or L+H (20-mg + 12.5-mg tablets once daily) in patients with mild to moderate hypertension were compared in a multinational, multicenter, randomized, 2-armed, parallel-group study. Eligible patients were aged 18 to 75 years and had a diastolic blood pressure (DBP) 95 to 115 mm Hg and a systolic blood pressure (SBP) ≤180 mm Hg, both measured in the sitting position. After a single-blind, placebo run-in period of 2 weeks, patients were randomized to receive 1 of the 2 treatments for a 12-week period. The primary efficacy end point was the BP normalization rate (ie, the percentage of patients with a sitting DBP ≤90 mm Hg) after 12 weeks of treatment. Secondary end points were as follows: (1) the responder rate (ie, the percentage of patients whose sitting DBP was reduced by ≥10 mm Hg from baseline or had a DBP ≤90 mm Hg after 12 weeks of treatment), (2) the percentage of patients with a DBP ≤85 mm Hg, and (3) changes in sitting SBP and DBP after 4, 8, and 12 weeks of treatment. Results: A total of 159 hypertensive patients (88 women, 71 men) were randomized to receive D+I (44 women, 36 men; mean [SD] age, 53 [11] years) or L+H (44 women, 35 men; mean [SD] age, 55 [10] years). No significant between-group differences were found in any of the primary or

secondary end points of the study. Both combinations induced a significant reduction in sitting DBP and SBP from baseline (P < 0.001 for both groups at week 12), without significant differences between the groups. Five mild to moderate adverse drug reactions (ADRs) occurred in each treatment group. No patient dropped out of the study because of an ADR. Conclusion: This study showed no difference between D+I and L+H in terms of antihypertensive efficacy or tolerability in patients with mild to moderate hypertension. Copyright .COPYRGT. 2003 Excerpta Medica, Inc.

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ACCESSION NUMBER: 2003146184 EMBASE Full-text
TITLE: Prevention of the complications of diabetes.
AUTHOR: Vinik, Aaron I.; Vinik, Etta
SOURCE: American Journal of Managed Care, (1 Mar 2003)
Vol. 9, No. 3 SUPPL., pp. S63-S80.
Refs: 99
ISSN: 1088-0224 CODEN: AJMCFY
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 006 Internal Medicine
005 General Pathology and Pathological Anatomy
038 Adverse Reactions Titles
037 Drug Literature Index
036 Health Policy, Economics and Management
030 Clinical and Experimental Pharmacology
003 Endocrinology
018 Cardiovascular Diseases and Cardiovascular Surgery
017 Public Health, Social Medicine and Epidemiology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 17 Apr 2003
Last Updated on STN: 17 Apr 2003

AB For patients with diabetes mellitus (DM), chronic complications can be devastating. Cardiovascular illness, the major cause of morbidity and mortality among these patients, encompasses macrovascular disease, with heart attacks, strokes, and gangrene; and microvascular disease, with retinopathy, nephropathy, and neuropathy (somatic and autonomic). Macrovascular events occur earlier in individuals with DM than in people without DM, and the underlying pathologies are often more diffuse and severe. Diabetic arteriopathy, which encompasses endothelial dysfunction, inflammation, hypercoagulability, changes in blood flow, and platelet abnormalities, contributes to the early evolution of these events. Efforts are under way to determine interventions that may have the potential to prevent or halt the complications of DM. Tight glucose and blood pressure (BP) control is known to improve the vascular status of patients with DM by varying degrees. Use of anti-inflammatory drugs and lowering low-density lipoprotein cholesterol (LDL-C) levels are also useful. An emerging understanding of the importance of small, dense LDL-C and the anti-inflammatory effects of statins has provided new algorithms for primary prevention of macrovascular disease. Antiplatelet agents have also been shown to be effective in the secondary prevention of cardiovascular events. In the ideal world every risk factor would be addressed and each person with DM would have excellent glycemic control, low to normal BP, and a low LDL level, and would be taking an angiotensin-converting enzyme (ACE) inhibitor, together with a statin, aspirin, and clopidogrel. Under these near-perfect conditions, the emerging epidemic of macrovascular disease could be contained. Microvascular disease, however, is a consequence of hyperglycemia. For every 1% reduction in glycosylated hemoglobin it is possible to achieve a 22% to 35% reduction in the

microvascular complications. BP control is vital and the liberal use of ACE inhibitors and angiotensin receptor blockers to slow the progression of renal disease should drastically reduce the incidence of blindness, dialysis, and amputations. This article provides an overview of prevention of macrovascular disease such as stroke, myocardial infarction, and peripheral arterial disease and microvascular complications such as retinopathy, nephropathy, and neuropathy in patients with DM.

L19 ANSWER 18 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2003:105341 HCAPLUS Full-text
DOCUMENT NUMBER: 138:203359
TITLE: Drug-induced, Ro/SSA-positive cutaneous lupus erythematosus
AUTHOR(S): Srivastava, Monika; Rencic, Adrienne; Diglio, Gerardine; Santana, Helen; Bonitz, Paula; Watson, Rosemarie; Ha, Esther; Anhalt, Grant J.; Provost, Thomas T.; Nousari, Carlos H.
CORPORATE SOURCE: Division of Immunodermatology, Department of Dermatology, Johns Hopkins Medical Institutions, Baltimore, MD, USA
SOURCE: Archives of Dermatology (2003), 139(1), 45-49
CODEN: ARDEAC; ISSN: 0003-987X
PUBLISHER: American Medical Association
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Objective: To study the clin. and immunopathol. findings of drug-induced, Ro/SSA-pos. cutaneous lupus erythematosus (CLE). Design: Retrospective medical and laboratory record review. Setting: Immunodermatol. Division of Johns Hopkins Hospital (Baltimore, Md). Patients: Of 120 patients found to have anti-Ro/SSA antibodies by hemagglutination and/or double immunodiffusion, 70 had clin. and immunopathol. confirmation of CLE. Fifteen of these 70 patients had a history of new drug exposure, defined as less than 6 mo, associated with disease development. Results: The disease-associated drugs included hydrochlorothiazide (5 patients), angiotensin-converting enzyme inhibitors (3 patients), calcium channel blockers (3 patients), interferons (2 patients), and statins (2 patients). The most common presentations were photo-distributed diffuse erythema and subacute CLE-type lesions without evidence of significant systemic disease. All specimens revealed interface dermatitis and fine granular IgG deposition along the basement membrane zone and throughout the epidermis. Most patients experienced improvement or resolution of clin. lesions within 8 wk arid decrease of Ro/SSA titers within 8 mo after discontinuation of drug treatment. Conclusions: Antihypertensive drugs are the most commonly associated with Ro-pos. CLE. Clin. and immunopathol. features of this drug-induced variant do not seem to differ from the idiopathic disease. In most cases, the disease improves or resolves on discontinuation of the offending drug treatment. It is not known if these drugs precipitate disease in patients who have subclin. disease. Drug-induced Ro/SSA-pos. CLE should be included on the differential diagnosis in patients presenting with photosensitive or subacute CLE-type eruptions.
OS.CITING REF COUNT: 11 THERE ARE 11 CAPLUS RECORDS THAT CITE THIS RECORD (11 CITINGS)
REFERENCE COUNT: 42 THERE ARE 42 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 19 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2002:275818 HCAPLUS Full-text
DOCUMENT NUMBER: 136:289065
TITLE: Methods of inhibition of stenosis and/or sclerosis of the aortic valve

INVENTOR(S): O'Brien, Kevin D.; Otto, Catherine M.; Probstfield, Jeffrey L.
PATENT ASSIGNEE(S): University of Washington, USA
SOURCE: PCT Int. Appl., 40 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2002028421 | A1 | 20020411 | WO 2001-US31605 | 20011005 <-- |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW | | | | |
| RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | | |
| AU 2002011581 | A | 20020415 | AU 2002-11581 | 20011005 <-- |
| US 20040057955 | A1 | 20040325 | US 2003-398492 | 20031124 <-- |
| PRIORITY APPLN. INFO.: | | | US 2000-238367P P | 20001006 <-- |
| | | | WO 2001-US31605 W | 20011005 <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB The present invention provides methods for decreasing the amount and/or biol. activity of angiotensin II in an aortic valve in an animal. The methods of the invention include administering to the animal an amount of an angiotensin-onverting enzyme antagonist and/or an angiotensin II type 1 receptor antagonist, effective to decrease the amount and/or biol. activity of angiotensin II in the aortic valve in the animal.

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 20 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2002:157564 HCAPLUS Full-text
DOCUMENT NUMBER: 136:205424
TITLE: Combinations of insulin secretion enhancer, HMG-CoA reductase inhibitors and acetylcholinesterase inhibitors
INVENTOR(S): Allison, Malcolm; Gatlin, Marjorie Regan
PATENT ASSIGNEE(S): Novartis A.-G., Switz.; Novartis-Erfindungen Verwaltungsgesellschaft m.b.H.; Novartis Pharma GmbH
SOURCE: PCT Int. Appl., 21 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2002015892 | A2 | 20020228 | WO 2001-EP9586 | 20010820 <-- |
| WO 2002015892 | A3 | 20030904 | | |
| W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, | | | | |

PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

| | | | | |
|---|---|---|---|---|
| AU 2002014952 | A | 20020304 | AU 2002-14952 | 20010820 <-- |
| EP 1359907 | A2 | 20031112 | EP 2001-983442 | 20010820 <-- |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR | | | | |
| JP 2004519424 | T | 20040702 | JP 2002-520813 | 20010820 <-- |
| US 20040087630 | A1 | 20040506 | US 2003-362341 | 20030618 <-- |
| US 20090131404 | A1 | 20090521 | US 2008-290106 | 20081027 <-- |
| PRIORITY APPLN. INFO.: | | | US 2000-643642 A | 20000822 <-- |
| | | | WO 2001-EP9586 W | 20010820 <-- |
| | | | US 2003-362341 B1 | 20030618 <-- |

AB The present invention relates to a combination, especially a pharmaceutical composition, comprising (a) an insulin secretion enhancer or a pharmaceutically acceptable salt thereof and (b) at least one of the active ingredients selected from the group consisting of (i) HMG-Co-A reductase inhibitors or a pharmaceutically acceptable salt thereof; and (ii) ACE inhibitors or a pharmaceutically acceptable salt thereof; and, in case of a pharmaceutical composition, a pharmaceutically acceptable carrier. Formulations were given as examples, e.g., tablets containing nateglinide. OS.CITING REF COUNT: 3 THERE ARE 3 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 21 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2002183511 EMBASE Full-text
TITLE: The effect of antihypertensive drugs on the fetus.
AUTHOR: Rosenthal, T., Dr. (correspondence); Oparil, S.
CORPORATE SOURCE: Chorley Hypertension Res. Institute, Chaim Sheba Medical Center, Tel Hashomer 52621, Israel. trosenth@sheba.health.gov.il
SOURCE: Journal of Human Hypertension, (2002) Vol. 16, No. 5, pp. 293-298.
Refs: 59
ISSN: 0950-9240 CODEN: JHHYEN
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 039 Pharmacy
038 Adverse Reactions Titles
037 Drug Literature Index
036 Health Policy, Economics and Management
030 Clinical and Experimental Pharmacology
018 Cardiovascular Diseases and Cardiovascular Surgery
010 Obstetrics and Gynecology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 6 Jun 2002
Last Updated on STN: 6 Jun 2002

AB A critical review of the literature on the effects of antihypertensive drugs on the fetus in pregnant women is presented. The survey covers the alpha-adrenergic receptor agonists, beta-blockers including topical eye medications, alpha-beta blockers, calcium antagonists, diuretics, and angiotensin-converting enzyme (ACE) inhibitors. The lack of data on angiotensin II receptor blockers is noted although effects are considered to be similar to

those reported with ACE inhibitors and therefore to be avoided. Analysis of the literature underscores that some antihypertensive drugs can be used safely at certain stages of pregnancy, while others are suspect and to be avoided at all costs. The lack of placebo-controlled studies on the treatment of severe hypertension in pregnancy due to ethical considerations is discussed against the background of the pressing need to treat these women despite the possible deleterious effects of antihypertensive drugs.

L19 ANSWER 22 OF 79 EMBASE 

ACCESSION NUMBER: 2002336463 EMBASE Full-text
TITLE: Adverse dermatologic effects of cardiovascular drug therapy: Part II.
AUTHOR: Frishman, William H.; Brosnan, Brian D.; Grossman, Marc, Dr. (correspondence); Dasgupta, Debasish; Sun, Diana K.
CORPORATE SOURCE: 12 Greenridge Ave., White Plains, NY 10605, United States.
SOURCE: Cardiology in Review, (Sep 2002) Vol. 10, No. 5, pp. 285-300.
Refs: 206
ISSN: 1061-5377 CODEN: CRVIE4
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 10 Oct 2002
Last Updated on STN: 10 Oct 2002

AB Cardiovascular disease is common, affecting an increasing number of persons as the population ages. To combat this growing health problem, physicians use a multitude of medications in the treatment of their patients. Although pharmacologic therapy greatly enhances quality of life for a majority of patients, there is always the potential for an unfavorable reaction. For example, cardiovascular drugs can induce a vast array of adverse dermatologic responses. This article reviews the various cutaneous reaction patterns that can occur as a result of treatment with class III, IV, and other antiarrhythmic agents, ACE inhibitors, Angiotensin II receptor blockers, and diuretics.

L19 ANSWER 23 OF 79 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2003122552 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 12635373
TITLE: [Undesirable effects and interaction to angiotensin converting enzyme inhibitors therapy].
Efecte indezirabile si interactiuni medicamentoase la tratamentul cu inhibitori de enzima de conversie a angiotensinei.
AUTHOR: Ionescu Simona Daniela; Sandru V; Leuciuc Elena; Manea Paloma; Burdujan Alina; Tovarnitchi Svetlana; Cosovanu A
CORPORATE SOURCE: Clinica a III-a Medicala Cardiologica I. Enescu, Facultatea de Medicina, Universitatea de Medicina si Farmacie Gr.T. Popa Iasi.
SOURCE: Revista medico-chirurgicala a Societa t ii de Medici s i Naturalis ti din Ias i, (2002 Jan-Mar) Vol. 106, No. 1, pp. 128-31.

Journal code: 0413735. ISSN: 0300-8738.
PUB. COUNTRY: Romania
DOCUMENT TYPE: (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Romanian
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200304
ENTRY DATE: Entered STN: 16 Mar 2003
Last Updated on STN: 19 Apr 2003
Entered Medline: 18 Apr 2003

AB By their intervention upon the mechanisms regulating the vascular tone, renal plasma flow and direct actions of chemical structures, angiotensin-converting enzyme (ACE) inhibitors may determine undesirable effects. These effects formed the object of a 5-year retrospective study (1995-1999) carried out at the IIIrd Medical Clinic of Iasi. During this interval ACE inhibitors were administrated to 2178 patients with hypertensive and coronary disorders or heart failure of various causes. Different generations of ACE inhibitors were used, but captopril, enalapril and lysinopril were the most commonly administered. Undesirable effects were recorded in 161 patients (7.3%). The following side-effects, single or associated, were recorded: 38 patients (23.6%) had increasing blood pressure proportional with ACEI dose, 80 patients (49.7%) had decreasing blood pressure at low doses ACEI, 23 patients (14.4%) had kidney failure, 2 patients (1.2%) had both increasing blood pressure and kidney failure, 3 patients (1.9%) had both decreasing blood pressure and kidney failure, 6 patients (3.8%) had dry cough, one patient (0.6%) had kidney failure with decrease blood pressure and allergic dermatitis, 4 patients (2.4%) had allergic dermatitis, and 4 patients (2.4%) had headache, vertigo, paresthesia. CONCLUSIONS: The treatment with ACE inhibitors has to be carefully initiated under strict clinical and biological monitoring, preferably in hospital setting. No drug associations that favor the undesirable effects of ACE inhibitors were reported.

L19 ANSWER 24 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2001:868260 HCAPLUS Full-text
DOCUMENT NUMBER: 136:627
TITLE: Combinations of enzyme inhibitor-containing preparations and the use in inhibition of mononuclear cells and T-cells and treatment of immune conditions
INVENTOR(S): Ansorge, Siegfried; Arndt, Marco; Buehling, Frank; Lendeckel, Uwe; Neubert, Klaus; Reinhold, Dirk
PATENT ASSIGNEE(S): Institut fuer Medizintechnologie Magdeburg G.m.b.H. IMTM, Germany
SOURCE: PCT Int. Appl., 24 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2001089569 | A1 | 20011129 | WO 2001-EP5887 | 20010522 <-- |

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,

DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

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|---|---|---|---|---|
| DE 10025464 | A1 | 20011206 | DE 2000-10025464 | 20000523 <-- |
| CA 2410305 | A1 | 20021122 | CA 2001-2410305 | 20010522 <-- |
| CA 2410305 | C | 20100202 | | |
| EP 1289559 | A1 | 20030312 | EP 2001-945184 | 20010522 <-- |
| EP 1289559 | B1 | 20050727 | | |

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR

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|---|---|---|---|---|
| JP 2003534293 | T | 20031118 | JP 2001-585811 | 20010522 <-- |
| AU 2001267475 | B2 | 20041104 | AU 2001-267475 | 20010522 <-- |
| AT 300313 | T | 20050815 | AT 2001-945184 | 20010522 <-- |
| ES 2243516 | T3 | 20051201 | ES 2001-945184 | 20010522 <-- |
| US 20050014699 | A1 | 20050120 | US 2004-296102 | 20040326 <-- |
| US 7485626 | B2 | 20090203 | | |

PRIORITY APPLN. INFO.: DE 2000-10025464 A 20000523 <--
WO 2001-EP5887 W 20010522 <--

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB A method is disclosed which permits, owing to the simultaneous and joint inhibition of the enzyme activities of (1) alanyl-aminopeptidase and dipeptidyl-peptidase IV, (2) dipeptidyl-peptidase IV and angiotensin-converting enzyme, (3) dipeptidyl-peptidase IV and prolyl-oligopeptidase, and (4) dipeptidyl-peptidase IV and X-Pro-aminopeptidase, the inhibition of DNA synthesis and thus the proliferation of mononuclear cells and T cells to an extent which cannot be obtained by individual application of the enzyme inhibitors, even when used in higher doses. Although the above-mentioned inhibitors influence the same process, namely DNA synthesis and thus the proliferation of immune cells, this effect is not complete and not long-lasting when the inhibitors are used individually. The functional overlapping of enzymic activities results, as is supported by exptl. data, in an additive/superadditive inhibitory effect on DNA synthesis and the proliferation resulting from the simultaneous inhibition of a plurality of the above enzymes. The invention shows that the simultaneous application of inhibitors of the above enzymes or of corresponding prepns. and forms of administration is suitable for the therapy of autoimmune diseases and chronic diseases with an inflammatory genesis, as well as for the treatment of post-transplant rejection episodes. OS.CITING REF COUNT: 13 THERE ARE 13 CAPLUS RECORDS THAT CITE THIS RECORD (15 CITINGS)
REFERENCE COUNT: 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 25 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2001:137173 HCAPLUS Full-text
DOCUMENT NUMBER: 134:178396
TITLE: Synthesis, activity and formulations of pharmaceutical compounds for treatment of oxidative stress and/or endothelial dysfunction
INVENTOR(S): Del Soldato, Piero
PATENT ASSIGNEE(S): Nicox S.A., Fr.
SOURCE: PCT Int. Appl., 94 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2001012584 | A2 | 20010222 | WO 2000-EP7225 | 20000727 <-- |
| WO 2001012584 | A3 | 20020829 | | |

W: AE, AL, AU, BA, BB, BG, BR, CA, CN, CR, CU, CZ, DM, EE, GD, GE,

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            HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG,
            MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, TR, TT, UA, US, UZ, VN,
            YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
        RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
            DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
            CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
     IT 99MI1817          A1    20010212    IT 1999-MI1817          19990812 <--
     CA 2381409           A1    20010222    CA 2000-2381409         20000727 <--
     BR 2000013264        A     20020416    BR 2000-13264           20000727 <--
     EP 1252133           A2    20021030    EP 2000-953102          20000727 <--
     EP 1252133           B1    20050608
        R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
            IE, SI, LT, LV, FI, RO, MK, CY, AL
     HU 2002003939        A2    20030328    HU 2002-3939            20000727 <--
     HU 2002003939        A3    20041228
     JP 2003515526        T     20030507    JP 2001-516885          20000727 <--
     CN 1433396           A     20030730    CN 2000-814049          20000727 <--
     CN 1289466           C     20061213
     NZ 516889            A     20041029    NZ 2000-516889          20000727 <--
     AU 781643            B2    20050602    AU 2000-65670           20000727 <--
     AT 297375            T     20050615    AT 2000-953102          20000727 <--
     PT 1252133           E     20050831    PT 2000-953102          20000727 <--
     EP 1593664           A1    20051109    EP 2005-104064          20000727 <--
        R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
            IE, SI, LT, FI, RO, CY
     RU 2264383           C2    20051120    RU 2002-103509          20000727 <--
     ES 2243292           T3    20051201    ES 2000-953102          20000727 <--
     NZ 535559            A     20051223    NZ 2000-535559          20000727 <--
     CN 1923797           A     20070307    CN 2006-10136231        20000727 <--
     CN 100528834         C     20090819
     IL 147801            A     20080708    IL 2000-147801          20000727 <--
     ZA 2002000628        A     20030423    ZA 2002-628             20020123 <--
     US 7186753           B1    20070306    US 2002-48469           20020207 <--
     NO 2002000623        A     20020409    NO 2002-623             20020208 <--
     MX 2002001519        A     20020702    MX 2002-1519            20020211 <--
     AU 2005202824        A1    20050721    AU 2005-202824          20050628 <--
     AU 2005202824        B2    20080710
     IN 2006CN01908       A     20070608    IN 2006-CN1908          20060530 <--
     KR 2006126846        A     20061208    KR 2006-724051          20061116 <--
     KR 760394            B1    20070919
     US 20070197499       A1    20070823    US 2006-642783          20061221 <--
     US 7399878           B2    20080715
     US 20090170941       A1    20090702    US 2008-132245          20080603 <--
     NO 2009003253        A     20020409    NO 2009-3253            20091029 <--
PRIORITY APPLN. INFO.:                       IT 1999-MI1817      A   19990812 <--
                                             CN 2000-814049      A3  20000727 <--
                                             EP 2000-953102      A3  20000727 <--
                                             IN 2002-CN187       A3  20000727 <--
                                             WO 2000-EP7225      W   20000727 <--
                                             US 2002-48469       A1  20020207 <--
                                             KR 2002-701883      A3  20020209 <--
                                             US 2006-642783      A3  20061221
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S):         MARPAT 134:178396
AB    Compds. or their salts of general formula (I): A-B-N(O)s wherein: s is an
integer equal to 1 or 2; A = R-T1-, wherein R is the drug radical and T1 = (CO)t or
(X)t', wherein X = O, S, NR1c, R1c is H or a linear or branched alkyl or a free
valence, t and t' are integers and equal to zero or 1, with the proviso that t = 1
when t' = 0; t = 0 when t' = 1; B = -TB -X2-O- wherein TB = (CO) when t = 0, TB = X
when t' = 0, X being as above defined; X2, bivalent radical, is such that the
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precursor drug of A and the precursor of B meet resp. the pharmacol. tests described in the description. Synthesis, activity and formulations of pharmaceutical compds. for treatment of oxidative stress and/or endothelial dysfunction are disclosed. The precursors are such as to meet the pharmacol. test reported in the description.
OS.CITING REF COUNT: 13 THERE ARE 13 CAPLUS RECORDS THAT CITE THIS RECORD (13 CITINGS)
REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 26 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2001:585970 HCAPLUS Full-text
DOCUMENT NUMBER: 135:338974
TITLE: Better microvascular function on long-term treatment with lisinopril than with nifedipine in renal transplant recipients
AUTHOR(S): Asberg, Anders; Midtvedt, Karsten; Vassbotn, Trond; Hartmann, Anders
CORPORATE SOURCE: Laboratory for Renal Physiology, Section of Nephrology, Medical Department, The National Hospital, Oslo, N-0027, Norway
SOURCE: Nephrology, Dialysis, Transplantation (2001), 16(7), 1465-1470
CODEN: NDTREA; ISSN: 0931-0509
PUBLISHER: Oxford University Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The prevalence of hypertension in renal transplant recipients is high but the pathophysiol. is poorly defined. Impaired endothelial function may be a factor of major importance. The present study addresses the effects of long-term treatment with either lisinopril or slow-release nifedipine on microvascular function and plasma endothelin in renal transplant recipients on cyclosporin A (CsA). Seventy-five hypertensive renal transplant recipients were double-blind randomized to receive slow-release nifedipine (NIF, n=40) or lisinopril (LIS, n=35). Ten normotensive, age-matched recipients served as controls. All patients received CsA-based immunosuppressive therapy including prednisolone and azathioprine. Microvascular function was assessed in the forearm skin vasculature, using laser Doppler flowmetry in combination with post-occlusive reactive hyperemia and endothelial-dependent function during local acetylcholine (ACh) stimulation. The anal. of microvascular function (AUCrh) showed that nifedipine-treated patients had significantly lower responses compared with lisinopril-treated patients (20±17 and 43±20 AU + min resp., P=0.0016). Endothelial function was borderline significantly lower in the NIF group compared with the LIS group (640±345 and 817±404 AU + min resp., P=0.056). The responses in the LIS group were comparable with those in non-hypertensive controls (AUCrh was 37±16 and AUCACh was 994±566 AU + min). Plasma endothelin-1 concns. were significantly higher in the NIF group compared with the LIS group (0.44±0.19 vs. 0.34±0.10 fmol/mL resp., P=0.048), and were 0.29±0.09 fmol/mL in the control patients. AUCACh was associated with plasma endothelin-1 (P=0.0053), while AUCrh was not (P=0.080). The study indicates that long-term treatment with lisinopril, when compared with nifedipine, yields a more beneficial effect on microvascular function in hypertensive renal transplant recipients on CsA. The beneficial microvascular effect may be mediated in part by an endothelin-1-associated effect on the endothelium. OS.CITING REF COUNT: 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
REFERENCE COUNT: 22 THERE ARE 22 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 27 OF 79 MEDLINE on STN DUPLICATE 3
ACCESSION NUMBER: 2002102124 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 11834188
TITLE: Dermatitis to captopril.
AUTHOR: Martinez J C; Fuentes M J; Armentia A; Vega J M; Fernandez A
CORPORATE SOURCE: Department of Allergy, Hospital Rio Hortega. Valladolid, Spain.
SOURCE: Allergologia et immunopathologia, (2001 Nov-Dec) Vol. 29, No. 6, pp. 279-80.
Journal code: 0370073. ISSN: 0301-0546. L-ISSN: 0301-0546.
PUB. COUNTRY: Spain
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 9 Feb 2002
Last Updated on STN: 9 Apr 2002
Entered Medline: 8 Apr 2002

AB BACKGROUND: reports on delated cutaneous reactions to captopril have been seldom reported. Captopril is an angiotensin-converting enzyme ( ACE) inhibitor and their cutaneous side-effects are documented, but little has been published concerning the usefulness of patch test when they occur. We presented the case of a patient who developed a cutaneous reaction induced by captopril with positive patch test. METHODS AND RESULTS: patch testing was performed with captopril, other ACE (enalapril, lisinopril ramipril), and European standard series. Following, we performed a double-blind oral challenge test with drugs who results was negative. Positive reaction were obtained to captopril at 4 days and the others test being negative. The same test were negative in five control patients. The patient tolerated enalapril, and lisinopril without problems. CONCLUSION: the allergological studies confirmed sensitisation to captopril and tolerance to lisinopril, and enalapril. When patch test are performed with several drugs of the same family, results seem to indicate an absence of cross-sensitivity, but in several patients, oral provocation test were needed because patch test gave no conclusive information.

L19 ANSWER 28 OF 79 MEDLINE on STN DUPLICATE 4
ACCESSION NUMBER: 2002100570 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 11831455
TITLE: Usefulness of patch tests for diagnosing selective allergy to captopril.
AUTHOR: Gaig P; San Miguel-Moncin M M; Bartra J; Bonet A; Garcia-Ortega P
CORPORATE SOURCE: Allergy Unit, Hospital Universitari Joan XXIII, Universitat Rovira i Virgili, Tarragona, Spain.. alergia@hjxxiii.scs.es
SOURCE: Journal of investigational allergology & clinical immunology : official organ of the International Association of Asthmology (INTERASMA) and Sociedad Latinoamericana de Alergia e Inmunologia, (2001) Vol. 11, No. 3, pp. 204-6.
Journal code: 9107858. ISSN: 1018-9068. L-ISSN: 1018-9068.
PUB. COUNTRY: Spain
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200207
ENTRY DATE: Entered STN: 8 Feb 2002
Last Updated on STN: 30 Jul 2002

Entered Medline: 29 Jul 2002

AB Captopril, enalapril, and lisinopril are angiotensin-converting enzyme (ACE) inhibitors widely prescribed for hypertension and heart failure. Cutaneous side effects of captopril include angio-edema, anaphylactoid reactions, maculopapular eruptions, pitiryasis rosea-like rash, toxic erythema, and exfoliative dermatitis. Some of the immunological captopril-induced cutaneous adverse reactions have been diagnosed in recent years by patch tests. A case of a cutaneous immune adverse reaction to captopril with tolerance to enalapril and lisinopril demonstrated both by patch tests and double-blind challenge tests is reported for the first time. A 71-year-old nonatopic woman suffered a generalized pruriginous maculopapular rash. Two months earlier, she had started oral treatment with captopril 50 mg t.i.d and glibenclamide 5 mg daily. After the rash appeared, she stopped both drugs and the reaction cleared. A skin biopsy from one of the lesions showed perivascular lymphocytic infiltrate of the upper dermis. Skin prick tests with captopril and glibenclamide and patch tests with enalapril, lisinopril, and glibenclamide at 1% and 10% pet., and with mercaptobenzothiazole (a sulfhydryl group-containing chemical at 1% pet were negative. Only patch tests with captopril at 1% and 10% concentrations were positive at 48 h. Oral double-blind challenge tests with glibenclamide, enalapril, lisinopril, and placebo showed good tolerance. The patient was advised to avoid only captopril. Because captopril is the only ACE inhibitor containing a sulfhydryl group and has occasionally been implicated in complex immunological diseases, this chemical group has been considered the culprit of allergic reactions to captopril. The lack of cross-reactivity between captopril, enalapril, and benazepril has been demonstrated in a few patients by patch tests. In our patient, patch tests identified captopril as the drug responsible for a probably immune adverse reaction not due to the sulfhydryl group. Patch tests are useful and safe in the diagnostic work-up of allergic drug reactions and in studies of cross-sensitivity among ACE inhibitors.

L19 ANSWER 29 OF 79 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN

ACCESSION NUMBER: 2001:366468 BIOSIS Full-text
DOCUMENT NUMBER: PREV200100366468
TITLE: Side effects of antihypertensive treatment with ACE inhibitors.
AUTHOR(S): Vyssoulis, G. P. [Reprint author]; Karpanou, E. A. [Reprint author]; Papavassiliou, M. V. [Reprint author]; Belegrinos, D. A. [Reprint author]; Giannakopoulou, A. E. [Reprint author]; Toutouzas, P. K. [Reprint author]
CORPORATE SOURCE: Department of Cardiology, University of Athens, Hippokration Hospital, Athens, Greece
SOURCE: American Journal of Hypertension, (April, 2001) Vol. 14, No. 4 Part 2, pp. 114A-115A. print.
Meeting Info.: Sixteenth Annual Scientific Meeting of the American Society of Hypertension. San Francisco, California, USA. May 15-19, 2001. American Society of Hypertension.
CODEN: AJHYE6. ISSN: 0895-7061.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 2 Aug 2001
Last Updated on STN: 19 Feb 2002

L19 ANSWER 30 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2000:742057 HCAPLUS Full-text

DOCUMENT NUMBER: 133:309791
TITLE: Synthesis, activity and formulations of pharmaceutical compounds for treatment of oxidative stress and/or endothelial dysfunction
INVENTOR(S): Del Soldato, Piero
PATENT ASSIGNEE(S): Nicox S.A., Fr.
SOURCE: PCT Int. Appl., 140 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2000061541 | A2 | 20001019 | WO 2000-EP3239 | 20000411 <-- |
| WO 2000061541 | A3 | 20010927 | | |
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| RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG | | | | |
| IT 1311923 | B1 | 20020320 | IT 1999-MI752 | 19990413 <-- |
| CA 2370425 | A1 | 20001019 | CA 2000-2370425 | 20000411 <-- |
| BR 2000009703 | A | 20020108 | BR 2000-9703 | 20000411 <-- |
| EP 1169298 | A2 | 20020109 | EP 2000-926870 | 20000411 <-- |
| EP 1169298 | B1 | 20060104 | | |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, CY | | | | |
| JP 2002541236 | T | 20021203 | JP 2000-610818 | 20000411 <-- |
| TR 200102928 | T2 | 20021223 | TR 2001-2928 | 20000411 <-- |
| HU 2002000714 | A2 | 20021228 | HU 2002-714 | 20000411 <-- |
| HU 2002000714 | A3 | 20030128 | | |
| NZ 514270 | A | 20040227 | NZ 2000-514270 | 20000411 <-- |
| RU 2237057 | C2 | 20040927 | RU 2001-127574 | 20000411 <-- |
| AU 777579 | B2 | 20041021 | AU 2000-45474 | 20000411 <-- |
| AT 315021 | T | 20060215 | AT 2000-926870 | 20000411 <-- |
| PT 1169298 | E | 20060531 | PT 2000-926870 | 20000411 <-- |
| ES 2256001 | T3 | 20060716 | ES 2000-926870 | 20000411 <-- |
| PL 193919 | B1 | 20070430 | PL 2000-350967 | 20000411 <-- |
| IL 145602 | A | 20080807 | IL 2000-145602 | 20000411 <-- |
| ZA 2001008126 | A | 20030403 | ZA 2001-8126 | 20011003 <-- |
| MX 2001010213 | A | 20020918 | MX 2001-10213 | 20011009 <-- |
| KR 803345 | B1 | 20080213 | KR 2001-712914 | 20011009 <-- |
| NO 2001004928 | A | 20011213 | NO 2001-4928 | 20011010 <-- |
| US 6987120 | B1 | 20060117 | US 2001-926322 | 20011015 <-- |
| US 20060030605 | A1 | 20060209 | US 2005-234084 | 20050926 <-- |
| US 7402600 | B2 | 20080722 | | |

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| PRIORITY APPLN. INFO.: | IT 1999-MI752 | A | 19990413 <-- |
| | WO 2000-EP3239 | W | 20000411 <-- |
| | US 2001-926322 | A3 | 20011015 <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S): MARPAT 133:309791
AB Synthesis, activity and formulations of pharmaceutical compds. for treatment of oxidative stress and/or endothelial dysfunction are disclosed. The precursors are such as to meet the pharmacol. test reported in the description.
OS.CITING REF COUNT: 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 31 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2000:742053 HCAPLUS Full-text
DOCUMENT NUMBER: 133:310142
TITLE: Synthesis, activity and formulations of pharmaceutical compounds for treatment of oxidative stress and/or endothelial dysfunction
INVENTOR(S): Del Soldato, Piero
PATENT ASSIGNEE(S): Nicox S.A., Fr.
SOURCE: PCT Int. Appl., 159 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| WO 2000061537 | A2 | 20001019 | WO 2000-EP3234 | 20000411 <-- |
| WO 2000061537 | A3 | 20010927 | | |
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| RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG | | | | |
| IT 1311924 | B1 | 20020320 | IT 1999-MI753 | 19990413 <-- |
| CA 2370412 | A1 | 20001019 | CA 2000-2370412 | 20000411 <-- |
| BR 2000009702 | A | 20020108 | BR 2000-9702 | 20000411 <-- |
| EP 1169294 | A2 | 20020109 | EP 2000-925203 | 20000411 <-- |
| EP 1169294 | B1 | 20071205 | | |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, CY | | | | |
| JP 2002541233 | T | 20021203 | JP 2000-610814 | 20000411 <-- |
| HU 2002003378 | A2 | 20030128 | HU 2002-3378 | 20000411 <-- |
| HU 2002003378 | A3 | 20040728 | | |
| NZ 514267 | A | 20040625 | NZ 2000-514267 | 20000411 <-- |
| RU 2237657 | C2 | 20041010 | RU 2001-127576 | 20000411 <-- |
| AU 778989 | B2 | 20041223 | AU 2000-44001 | 20000411 <-- |
| CN 1230416 | C | 20051207 | CN 2000-808705 | 20000411 <-- |
| AT 380170 | T | 20071215 | AT 2000-925203 | 20000411 <-- |
| ES 2296616 | T3 | 20080501 | ES 2000-925203 | 20000411 <-- |
| ZA 2001008127 | A | 20030103 | ZA 2001-8127 | 20011003 <-- |
| MX 2001010210 | A | 20020918 | MX 2001-10210 | 20011009 <-- |
| NO 2001004927 | A | 20011213 | NO 2001-4927 | 20011010 <-- |
| US 6869974 | B1 | 20050322 | US 2001-926326 | 20011015 <-- |
| US 20050261242 | A1 | 20051124 | US 2004-24857 | 20041230 <-- |
| US 7378412 | B2 | 20080527 | | |
| KR 2006122986 | A | 20061130 | KR 2006-723929 | 20061115 <-- |

PRIORITY APPLN. INFO.:

| | | |
|---|---|---|
| IT 1999-MI753 | A | 19990413 <-- |
| WO 2000-EP3234 | W | 20000411 <-- |
| KR 2001-712913 | A3 | 20011009 <-- |
| US 2001-926326 | A3 | 20011015 <-- |

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OTHER SOURCE(S): MARPAT 133:310142
AB Compds. A-B-C-N(O)s and A-C1[N(O)s]-B1 or their salts [s is an integer 1 or 2, preferably s = 2; A is the radical of a drug and is such as to meet the

pharmacol. tests reported in the description; C and C1 are two bivalent radicals; the precursors of the radicals B and B1 are such as to meet the pharmacol. test reported in the description] were prepared for use as pharmaceuticals. Thus, (S,S)-N-acetyl-S-(6-methoxy-α-methyl-2- naphthalenylacetyl)cysteine 4-nitroxybutyl ester was prepared (NCX 2101) from naproxene and N-acetylcysteine in the first of 28 synthetic examples given. Pharmacol. test examples and tabular data are also given. OS.CITING REF COUNT: 14 THERE ARE 14 CAPLUS RECORDS THAT CITE THIS RECORD (14 CITINGS)
REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 32 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2000177826 EMBASE Full-text
TITLE: [Treatment of heart failure].
Medikamentose therapie bei herzinsuffizienz.
AUTHOR: Just, H., Dr. (correspondence)
CORPORATE SOURCE: Kreuzkopfsteige 11, D-79100 Freiburg im Breisgau, Germany.
just@sfa.ukl.uni-freiburg.de
SOURCE: Therapeutische Umschau, (2000) Vol. 57, No. 5,
pp. 313-320.
Refs: 13
ISSN: 0040-5930 CODEN: THUMAM
COUNTRY: Switzerland
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
SUMMARY LANGUAGE: English; German
ENTRY DATE: Entered STN: 8 Jun 2000
Last Updated on STN: 8 Jun 2000

AB The treatment of congestive heart failure focusses on three steps: 1. Elimination of the precipitating cause or mechanism, and/or treatment of the underlying disease respectively. 2. Treatment of the failing heart syndrome itself. We shall concern ourselves with pharmacotherapy, omitting technical and surgical aspects. 3. Prophylactic treatment of complications, such as thromboembolism and arrhythmias. Drugs for the treatment of heart failure can be classified as follows: 1. Diuretics, 2. Vasodilators, 3. Neurohumoral Inhibitors, 4. Inotropic drugs. Diuretics improve symptoms and exercise capacity and probably survival. They are the drug of first choice in acute and chronic heart failure. Potassium supplementation is necessary. Renal function needs to be monitored. The aldosterone antagonist spirono-lactone has probably important effects upon the myocardium. It retards fibrous tissue development and improves prognosis. Vasodilators unload the heart and improve contractile geometry and hemodynamics, thereby lessening symptoms. Prognosis, however, is not affected. They are indispensable in acute heart failure. In longterm treatment only the combination of nitrates with hydralazin has been shown to be effective. Angiotensin converting enzyme inhibitors combine vasodilation with neurohumoral inhibition. They are most effective in improving symptoms, exercise capacity and survivaling chronic heart failure. If side effects (cough, allergy) prevent their use, then angiotensin II receptor antagonists can be used with equal benefit. However, both groups of drugs impair renal function and cannot be given in advanced renal failure or renal artery stenosis. Beta-receptor antagonists, previously considered contraindicated in heart failure are today amongst the most important drugs in heart failure. They improve survival and retard the need for cardiac transplantation in advanced failure. Their use, however, is rather difficult requiring extremely slow dose titration beginning with very low doses. Inotropic drugs are today mainly used in acute failure and cardiogenic shock.

In longterm treatment only the digitalisglycosides have been shown to be effective in improving symptoms, exercise capacity and the general clinical course. Often antiarrhythmic treatment is necessary. Here amiodarone is the drug of choice today if beta blockers do not suffice. Prophylactic anticoagulation is indicated in all cases NYHA III and IV, with large hearts already in II. Future developments may include new inotropes, the ANP-system, and cytokines, as well as genetherapy for correction of myocardial phenotype change.

L19 ANSWER 33 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2000109037 EMBASE Full-text
TITLE: Tackling myocardial infarction.
SOURCE: Drug and Therapeutics Bulletin, (Mar 2000) Vol. 38, No. 3, pp. 17-22.
Refs: 60
ISSN: 0012-6543 CODEN: DRTBAE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 6 Apr 2000
Last Updated on STN: 6 Apr 2000

AB Myocardial infarction is dangerous. Among people in the UK who develop an acute coronary event, in particular myocardial infarction, around 35-40% die within 24 hours of the condition's onset and 40-50% within a month. Here, we discuss management up to and following admission to hospital, concentrating on the use of aspirin, thrombolytic therapy, coronary angioplasty, angiotensin-converting-enzyme (ACE) inhibitors and beta-blockers.

L19 ANSWER 34 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN

ACCESSION NUMBER: 1999:464179 HCAPLUS Full-text
DOCUMENT NUMBER: 131:106825
TITLE: Topical administration of angiotensin-converting enzyme inhibitors
INVENTOR(S): Lang, John C.; Bergamini, Michael V. W.
PATENT ASSIGNEE(S): Alcon Laboratories, Inc., USA
SOURCE: PCT Int. Appl., 9 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE |
|---|---|---|---|---|---|
| WO 9936062 | A1 | 19990722 | WO 1998-US27183 | | 19981221 <-- |
| W: AU, BR, CA, JP, MX, US | | | | | |
| RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE | | | | | |
| AU 9920890 | A | 19990802 | AU 1999-20890 | | 19981221 <-- |
| PRIORITY APPLN. INFO.: | | | US 1998-71714P | P | 19980116 <-- |
| | | | WO 1998-US27183 | W | 19981221 <-- |

AB Topical ocular compns. containing an ACE inhibitor are useful for treating the retinopathy, neuropathy, and nephropathy associated with diabetes. A suitable composition contained lisinopril 3.0, Carbopol 0.2, cyclodextrin 5.0, BAC (preservative) 0.01, and mannitol 4.0% (pH 6-7).
OS.CITING REF COUNT: 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 35 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 1999:421569 HCAPLUS Full-text
DOCUMENT NUMBER: 131:68144
TITLE: Angiotensin-converting enzyme inhibitor-matrix metalloproteinase inhibitor combinations for treatment of fibrosis, ventricular dilation, and heart failure
INVENTOR(S): Peterson, Joseph Thomas, Jr.; Pressler, Milton Lethan
PATENT ASSIGNEE(S): Warner-Lambert Company, USA
SOURCE: PCT Int. Appl., 156 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | | DATE | |
|---|---|---|---|---|---|---|
| WO 9932150 | A1 | 19990701 | WO 1998-US23993 | | 19981110 | <-- |
| W: AL, AU, BA, BB, BG, BR, CA, CN, CU, CZ, EE, GE, HR, HU, ID, IL, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, US, UZ, VN, YU, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM | | | | | | |
| RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG | | | | | | |
| CA 2305436 | A1 | 19990701 | CA 1998-2305436 | | 19981110 | <-- |
| AU 9915220 | A | 19990712 | AU 1999-15220 | | 19981110 | <-- |
| AU 751701 | B2 | 20020822 | | | | |
| BR 9814422 | A | 20001010 | BR 1998-14422 | | 19981110 | <-- |
| EP 1047450 | A1 | 20001102 | EP 1998-959416 | | 19981110 | <-- |
| EP 1047450 | B1 | 20021002 | | | | |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI | | | | | | |
| HU 2001000427 | A2 | 20010628 | HU 2001-427 | | 19981110 | <-- |
| HU 2001000427 | A3 | 20021128 | | | | |
| JP 2001526245 | T | 20011218 | JP 2000-525140 | | 19981110 | <-- |
| NZ 503962 | A | 20020328 | NZ 1998-503962 | | 19981110 | <-- |
| AT 225187 | T | 20021015 | AT 1998-959416 | | 19981110 | <-- |
| ES 2184340 | T3 | 20030401 | ES 1998-959416 | | 19981110 | <-- |
| ZA 9811794 | A | 19990629 | ZA 1998-11794 | | 19981222 | <-- |
| US 6133304 | A | 20001017 | US 2000-485253 | | 20000207 | <-- |
| MX 2000003736 | A | 20001020 | MX 2000-3736 | | 20000417 | <-- |
| NO 2000003256 | A | 20000622 | NO 2000-3256 | | 20000622 | <-- |
| PRIORITY APPLN. INFO.: | | | US 1997-68594P | P | 19971223 | <-- |
| | | | WO 1998-US23993 | W | 19981110 | <-- |

OTHER SOURCE(S): MARPAT 131:68144
AB Combinations of ACE inhibitors and MMP inhibitors are useful to slow and reverse the process of fibrosis, ventricular dilation, and heart failure in mammals.
OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 36 OF 79 EMBASE 

ACCESSION NUMBER: 1999203540 EMBASE Full-text

TITLE: Sustained antihypertensive actions of a dual angiotensin-converting enzyme neutral endopeptidase inhibitor, sampatrilat, in black hypertensive subjects.

AUTHOR: Norton, Gavin R., Dr. (correspondence); Woodiwiss, Angela J.; Hartford, Craig; Trifunovic, Boris

CORPORATE SOURCE: Lab. of Cardiovasc. Pathophysiology, Dept. Physiol., Univ. Witwatersrand, Johannesburg, South Africa. 057nort@chiron.wits.ac.za

AUTHOR: Middlemost, Shirley

CORPORATE SOURCE: Department of Cardiology, University of the Witwatersrand, Johannesburg, South Africa.

AUTHOR: Allen, Michael J.

CORPORATE SOURCE: Central Research Division, Pfizer Limited, Sandwich, United Kingdom.

AUTHOR: Lee, Andrew

CORPORATE SOURCE: Pfizer Limited, Johannesburg, South Africa.

AUTHOR: Norton, Gavin R., Dr. (correspondence)

CORPORATE SOURCE: Lab. of Cardiovasc. Pathophysiology, Department of Physiology, Univ. of the Witwatersrand Med. Sch., 7 York Road, Parktown, 2193 Johannesburg, South Africa. 057nort@chiron.wits.ac.za

SOURCE: American Journal of Hypertension, (Jun 1999) Vol. 12, No. 6, pp. 563-571.
Refs: 23
ISSN: 0895-7061 CODEN: AJHYE6

PUBLISHER IDENT.: S 0895-7061(99)00009-6

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 1 Jul 1999
Last Updated on STN: 1 Jul 1999

AB Our objective was to evaluate the safety and antihypertensive efficacy of sampatrilat, a novel dual inhibitor of both angiotensin-converting enzyme (ACE) and neutral endopeptidase (NEP), in subjects poorly responsive to ACE inhibitor monotherapy. The ability of sampatrilat (50 to 100 mg daily) (n = 28) to lower blood pressure was compared with that of the ACE inhibitor lisinopril (10 to 20 mg daily) (n = 30) using a double-blind, randomized, parallel group study design over a 56-day treatment period in black hypertensives. Changes in systolic (SBP) and diastolic (DBP) blood pressure were determined using repeated ambulatory blood pressure (ABP) monitoring. Both sampatrilat and lisinopril decreased plasma ACE concentrations after 28 and 56 days. The decrease in plasma ACE concentrations (U/L) was greater after lisinopril (-9.33 ± 0.52) as compared with sampatrilat (-6.31 ± 0.70) (P = .0001) therapy. Lisinopril, but not sampatrilat, increased plasma renin activity. Lisinopril produced a transient decrease in mean 24-h ABP (mm Hg) at 28 days (SBP = -9.0 ± 2.3, DBP = -5.7 ± 1.3; P < .01), which returned to pretreatment values by 56 days of therapy. Alternatively, sampatrilat produced a sustained decrease in mean ABP over the 56-day treatment period

(day 28: SBP = -7.3 ± 1.8, DBP = -5.2 ± 1.2; P < .01: day 56: SBP = -7.8 ± 1.5; DBP = -5.2 ± 0.95; P < 0.01) with a greater treatment effect on DBP than that of lisinopril at day 56 (P = .05). Treatment-emergent adverse events were noted to be similar between both treatment groups. We conclude that the antihypertensive actions of ACE/NEP inhibitor monotherapy in black subjects offers a novel therapeutic approach to patients otherwise resistant to the sustained antihypertensive actions of ACE inhibitor monotherapy.

L19 ANSWER 37 OF 79 MEDLINE on STN DUPLICATE 5
ACCESSION NUMBER: 1999408441 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 10480564
TITLE: Vascular effects of epinephrine, lisinopril, and chlorpromazine in diabetic and non-diabetic rats.
AUTHOR: Aygit A C; Ayhan M S; Demiralay A; Yildirim I
CORPORATE SOURCE: Department of Plastic and Reconstructive Surgery, Trakya University Medical Faculty, Edirne, Turkey.
SOURCE: Journal of reconstructive microsurgery, (1999 Aug) Vol. 15, No. 6, pp. 439-41.
Journal code: 8502670. ISSN: 0743-684X. L-ISSN: 0007-1226.
PUB. COUNTRY: United States
DOCUMENT TYPE: (COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199910
ENTRY DATE: Entered STN: 26 Oct 1999
Last Updated on STN: 26 Oct 1999
Entered Medline: 14 Oct 1999

AB In this study, the vascular responses of diabetic rat femoral arteries to epinephrine were investigated. The effects of lisinopril ( ACE inhibitor) on vascular epinephrine sensitivity were also tested in a different group. This study was carried out in sodium pentobarbital-anesthetized rats 8 weeks after induction of diabetes with streptozotocin. After extensive dissection of the femoral arteries with adventitial stripping, epinephrine and chlorpromazine were applied to the vascular wall, and their vascular effects were compared in streptozotocin-diabetic (STZ-D), lisinopril-administered streptozotocin-diabetic (LASTZ-D), lisinopril-administered nondiabetic (LAND), and non-diabetic (ND) groups. Vasoconstriction was induced by epinephrine in all groups in a dose-response fashion. There were statistically significant differences in maximum percent constriction between STZ-D and LASTZ-D groups. There was also a significant increase in sensitivity to epinephrine in the STZ-D group. The vasoconstriction induced by epinephrine was relieved by chlorpromazine in all groups. Results suggest that there are important functional abnormalities in the responses of vessels to epinephrine in diabetics, and that the attenuation of vasoconstriction by ACE inhibitors may have beneficial effects in microsurgical procedures performed on diabetic patients. Topically-applied chlorpromazine appears to be effective in relieving vasospasm due to epinephrine, and may be a useful tool to resolve perioperative vascular spasm in microsurgical procedures for diabetic and non-diabetic patients.

L19 ANSWER 38 OF 79 EMBASE 
ACCESSION NUMBER: 1999213387 EMBASE Full-text
TITLE: A case of angioedema probably induced by captopril.
AUTHOR: Jae Joo Cho; Woo Seok Koh; Bang Soon Kim
CORPORATE SOURCE: Department of Dermatology, College of Medicine, Inje University, Seoul, Korea, Republic of.

AUTHOR: Cho, J.J., Dr. (correspondence)
CORPORATE SOURCE: Department of Dermatology, College of Medicine, Inje University, Seoul, Korea, Republic of.
SOURCE: Korean Journal of Dermatology, (1999) Vol. 37, No. 3, pp. 404-406.
Refs: 8
ISSN: 0494-4739 CODEN: TPKCAW
COUNTRY: Korea, Republic of
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Korean
SUMMARY LANGUAGE: English; Korean
ENTRY DATE: Entered STN: 8 Jul 1999
Last Updated on STN: 8 Jul 1999

AB Angioedema is a disorder characterized by well-demarcated nonpitting edema involving the tongue, floor of the mouth, larynx, lips and face. The incidence of angiotensin converting enzyme(ACE) inhibitor related angioedema has been reported to be about 0.1% to 0.2%, and the time of onset is usually during the first week of therapy. These ACE inhibitors include captopril, enalapril, and lisinopril. A 53-year old man with an 8 month history of hypertension previously controlled with atenolol, was presented to the dermatologic department with angioedema of the face and tongue. He had begun therapy with captopril one day before this episode. Even though he was treated with epinephrine and methylprednisolone sodium succinate, the edema gradually progressed and finally dyspnea developed. He was urgently intubated and treated with steroids and pheniramine maleate in the intensive care unit. The edema resolved after 24 hours.

L19 ANSWER 39 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2001320636 EMBASE Full-text
TITLE: [Darier's disease].
Maladie de Darier.
AUTHOR: Mathieu, A. (correspondence); Wallez, L.; Viard, P.
CORPORATE SOURCE: 47, rue du Chambge, 7500 Tournai, Belgium.
SOURCE: Nouvelles Dermatologiques, (1999) Vol. 18, No. 3, pp. 179.
ISSN: 0752-5370 CODEN: NODEE2
COUNTRY: France
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: French
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 4 Oct 2001
Last Updated on STN: 4 Oct 2001

AB Eczematous-like lesions appeared on the necklace line of a 70-year-old woman treated by captopril and lisinopril. Skin biopsy showed epidermal acantholysis. Several diagnoses were discussed: drug-induced pemphigus (ACE inhibitors?), Darier's disease? Transient acantholytic dermatosis? The nails changes were typical and the onset of the bullous disease started before ACE inhibitors were two criteria for diagnosis of Darier's disease.

L19 ANSWER 40 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999042837 EMBASE Full-text
TITLE: [Angiotensin converting enzyme inhibitor agents: A review of their pharmacological properties and therapeutic efficacy in the treatment of hypertension].
Agentes inhibidores de la enzima convertidora de angiotensina: Una revision de sus propiedades farmacologicas y su eficacia terapeutica en el tratamiento de la hipertension.
AUTHOR: Altagracia, M. (correspondence); Kravzov, J.
CORPORATE SOURCE: Colonia Ex-Hacienda de Coapa, Calzada del Hueso 160 Depto. 601-A, Mexico D.F., C.P. 04850, Mexico.
SOURCE: Revista Mexicana de Ciencias Farmaceuticas, (1998) Vol. 29, No. 3, pp. 13-23.
Refs: 155
ISSN: 1027-3956 CODEN: RMCFDT
COUNTRY: Mexico
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Spanish; Castilian
SUMMARY LANGUAGE: English; Spanish; Castilian
ENTRY DATE: Entered STN: 11 Mar 1999
Last Updated on STN: 11 Mar 1999

AB In this work, we present an extensive bibliography review about the angiotensin converting enzyme (ACE) inhibitor agents available in Mexico. This study is focused on the pharmacological aspects, and on clinical and therapeutic efficacy of ACE agents in the treatment of hypertension. The number of drugs to treat hypertension has grown in the past 20 years. One of the subgroups that is widely used in the hypertension drug therapy is the ACE inhibitor. The growing number of analog molecules of captopril, the original product, make the clinic selection of one agent over another very complex. This work intend to contribute to make a better selection of an antihypertensive agent.

L19 ANSWER 41 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN DUPLICATE 6
ACCESSION NUMBER: 1997:256278 HCAPLUS Full-text
DOCUMENT NUMBER: 126:329068
ORIGINAL REFERENCE NO.: 126:63941h,63942a
TITLE: Sequential development of angiotensin receptors and angiotensin I converting enzyme during angiogenesis in the rat subcutaneous sponge granuloma
AUTHOR(S): Walsh, David A.; Hu, De-En; Wharton, John; Catravas, John D.; Blake, David R.; Fan, Tai-Ping D.
CORPORATE SOURCE: Inflammation Group, London Hospital Medical College, London, E1 2AD, UK
SOURCE: British Journal of Pharmacology (1997), 120(7), 1302-1311
CODEN: BJPCBM; ISSN: 0007-1188
PUBLISHER: Stockton
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The vasoconstrictor peptide angiotensin II (AII) can stimulate angiogenesis, an important process in wound healing, tumor growth and chronic inflammation. To elucidate mechanisms underlying AII-enhanced angiogenesis, we have studied a s.c. sponge granuloma model in the rat by use of 133Xe clearance, morphometry and quant. in vitro autoradiog. When injected directly into the sponge, AII (1 nmol day-1) increased 133Xe clearance from, and fibrovascular growth in sponge granulomas,

indicating enhanced angiogenesis 6 to 12 days after implantation. This AII-enhanced angiogenesis was inhibited by daily doses (100 nmol/sponge) of the specific but subtype non-selective AII receptor antagonist (Sar1, Ile8)AII, and by the selective non-peptide AT1 receptor antagonists losartan and DuP 532. In contrast, AII-enhanced neovascularization was not inhibited by the AT2 receptor antagonist PD123319, nor was it mimicked by the AT2 receptor agonist CGP42112A (each at 100 nmol/sponge day-1). AI (1 nmol/sponge day-1), the angiotensin converting enzyme (ACE) inhibitors captopril (up to 100 μg/sponge day-1) and lisinopril (40 μg/sponge day-1), or AII receptor antagonists did not affect angiogenesis in the absence of exogenous AII. [125I]-(Sar1, Ile8)AII binding sites with characteristics of AT1 receptors were localized to microvessels and to non-vascular cells within the sponge stroma from 4 days after implantation, and were at higher d. than in skin throughout the study. [125I]-(Sar1, Ile8)AII binding sites with characteristics of AT2 receptors were localized to non-vascular stromal cells, were of lower d. and appeared later than did AT1 sites. The ACE inhibitor [125I]-351A bound to sites with characteristics of ACE, 14 days after sponge implantation. [125I]-351A bound less densely to sponge stroma than to skin. We propose that AII can stimulate angiogenesis, acting via AT1 receptors within the sponge granuloma. AT1 and AT2 receptors and ACE develop sequentially during microvascular maturation, and the role of the endogenous angiotensin system in angiogenesis will depend on the balanced local expression of its various components. Pharmacol. modulation of this balance may provide novel therapeutic approaches in angiogenesis-dependent diseases.
OS.CITING REF COUNT: 54 THERE ARE 54 CAPLUS RECORDS THAT CITE THIS RECORD (55 CITINGS)

L19 ANSWER 42 OF 79 MEDLINE on STN DUPLICATE 7
ACCESSION NUMBER: 1997371611 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 9227825
TITLE: Nitritoid reaction in a patient on ACE inhibitor and Myocrisin treatments.
AUTHOR: Ching D W; McClintock A D
SOURCE: Australian and New Zealand journal of medicine, (1997 Jun) Vol. 27, No. 3, pp. 343.
Journal code: 1264322. ISSN: 0004-8291. L-ISSN: 0004-8291.
PUB. COUNTRY: Australia
DOCUMENT TYPE: (CASE REPORTS)
Letter
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199708
ENTRY DATE: Entered STN: 8 Sep 1997
Last Updated on STN: 8 Sep 1997
Entered Medline: 28 Aug 1997

L19 ANSWER 43 OF 79 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 1997:125275 BIOSIS Full-text
DOCUMENT NUMBER: PREV199799431778
TITLE: Angiotensin-converting enzyme (ACE) inhibitors and angio-oedema.
AUTHOR(S): Sabroe, R. A.; Black, A. Kobza
CORPORATE SOURCE: Professorial Unit, St. John's Inst. Dermatol., St. Thomas's Hosp., Lambeth Palace Rd., London SE1 7EH, UK
SOURCE: British Journal of Dermatology, (1997) Vol. 136, No. 2, pp. 153-158.
CODEN: BJDEAZ. ISSN: 0007-0963.
DOCUMENT TYPE: Article
General Review; (Literature Review)
LANGUAGE: English

ENTRY DATE: Entered STN: 25 Mar 1997
Last Updated on STN: 25 Mar 1997

AB Angiotensin-converting enzyme inhibitors (ACEIs) are used increasingly for the treatment of hypertension and chronic heart failure, and they reduce mortality when given after myocardial infarction. Of the patients prescribed these drugs 0.1-0.7% develop angio-oedema, but the association is not widely recognized. In 60% of cases the onset occurs during the first week of treatment: however, it may be considerably delayed. Angio-oedema nearly always occurs on the head and neck, frequently involving the mouth. tongue, pharynx and larynx. The course is unpredictable. and attacks vary in severity from mild to fatal from laryngeal obstruction. Severe ACEI-induced angio-oedema may require emergency treatment with adrenalin and early intubation. The drug should be withdrawn in any patient who presents with ACEI-induced angio-oedema, and treatment continued with an appropriate drug of a different class. Therapy with ACEIs is contraindicated in patients with a prior history of idiopathic angio-oedema, or in patients with hereditary or acquired C1 esterase inhibitor deficiency.

L19 ANSWER 44 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1997072121 EMBASE Full-text
TITLE: Lisinopril. A review of its pharmacology and clinical efficacy in elderly patients.
AUTHOR: Langtry, Heather D. (correspondence); Markham, Anthony
CORPORATE SOURCE: Adis International Limited, 41 Centorian Drive, Mairangi Bay, Auckland 10, New Zealand. DEMAIL@adis.co.nz
SOURCE: Drugs and Aging, (1997) Vol. 10, No. 2, pp. 131-166.
Refs: 240
ISSN: 1170-229X CODEN: DRAGE6
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
020 Gerontology and Geriatrics
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 24 Mar 1997
Last Updated on STN: 24 Mar 1997

AB Lisinopril, the lysine analogue of enalaprilat, is a long-acting angiotensin converting enzyme (ACE) inhibitor which is administered once daily by mouth. The efficacy of lisinopril in reducing blood pressure is well established in younger populations, and many trials now show it to be effective in lowering blood pressure in elderly patients with hypertension, In comparative and non-comparative clinical trials, 68.2 to 89.1% of elderly patients responded (diastolic pressure ≤ 90mm Hg) to 28 weeks' lisinopril treatment. Age-related differences in antihypertensive efficacy do not appear to be clinically significant, and dosages effective in elderly patients tend so range from 2.5 to 40 mg/day. Dosages usually need to be lower in patients with significant renal impairment. In congestive heart failure, lisinopril 2.5 to 20 mg/day increases exercise duration, improves left ventricular ejection fraction and has no significant effect on ventricular ectopic beats. It is similar in efficacy to enalapril and digoxin and similar or superior to captopril on most end-points. Data from the GISSI-3 post-myocardial infarction trial show that lisinopril reduced mortality and left ventricular dysfunction when given for 42 days starting within 24 hours of the onset of infarction symptoms. Results at 6 weeks and 6 months were similar in elderly and younger patients. Elderly

patients, however among other subgroups, exhibited a strong reduction in risk of low ejection fraction after treatment (-25.5%). Economic studies suggest that lisinopril is cost saving compared with other ACE inhibitors in some markets. When given according to the GISSI-3 protocol, lisinopril appears to be one of the less expensive of the successful ACE inhibitor regimens for acute myocardial infarction. In other trials patients with diabetic nephropathy and hypertension improved or did not deteriorate during lisinopril treatment. Blood pressure was controlled and reductions or trends towards reductions in albuminuria were observed. These reductions were similar to those in diltiazem, nifedipine and verapamil recipients, and greater than those in patients receiving atenolol. Lisinopril appears to reduce mortality in diabetic patients after myocardial infarction and may also improve neuropathy associated with diabetes. Lisinopril is well tolerated and the profile of adverse events seen is typical of ACE inhibitors as a class. There is a tendency for more elderly than younger patients to discontinue treatment, but this trend is not clearly related to the incidence of adverse events in these age groups. Drug interactions occur with few other agents and are usually clinically significant only between lisinopril and either diuretics or lithium.

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ACCESSION NUMBER: 1997294805 EMBASE Full-text
TITLE: Evaluation of the antihypertensive effect of Lisinopril as a monotherapy in patients with mild to moderate hypertension.
AUTHOR: Chyu, D.; Chen, C.-Y.; Ding, P.Y.-A., Dr. (correspondence)
CORPORATE SOURCE: Division of Cardiology, Department of Internal Medicine, Veterans General Hospital, Shih-Pai Road, Taipei 112, Taiwan, Province of China.
SOURCE: Acta Cardiologica Sinica, (1997) Vol. 13, No. 2, pp. 73-77.
Refs: 6
ISSN: 1011-6842 CODEN: CKHCE3
COUNTRY: Taiwan, Province of China
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English; Chinese
ENTRY DATE: Entered STN: 16 Oct 1997
Last Updated on STN: 16 Oct 1997

AB Background. Angiotensin converting enzyme (ACE) inhibitors are among the most frequently chosen first-line antihypertensive drugs. To realize the clinical effect and safety of a new nonsulfhydryl ACE inhibitor, Lisinopril, a clinical study in conducted. Methods. In this open study, twenty-two patients, 10 males and 12 females, age 40-63 years old, with mild to moderate hypertension, were enrolled in the study. After two weeks of wash-out periods. The patients received Lisinopril 10 mg once daily for four weeks. Dosage were adjusted every four weeks for twelve weeks. Complete physical examination, electrocardiography and laboratory tests (including metabolic variables, electrolytes, and liver/renal function) were performed during baseline, mid-term and the end of study period. Results. After twelve weeks treatment, Lisinopril (average daily dose 14.5 mg) reduced systolic pressure by a mean of 30.1 mmHg and diastolic blood pressure by 20.6 mmHg ($p < 0.01$). No significant changes in heart rate, electrolyte, renal and liver function, electrocardiography were recorded. Cough occurred in a significant percentage

(23%) of patients, but changes in hemogram, agranulocytopenia, skin rash, liver/renal dysfunction were not seen. Conclusion. A once-daily dose of Lisinopril was found to be a safe, effective and well-tolerated antihypertensive drug.

L19 ANSWER 46 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1997097120 EMBASE Full-text
TITLE: [Skin and angiotensin converting enzyme inhibitors].
Cute e inibitori dell'enzima di conversione.
AUTHOR: Leri, A. (correspondence); Alinovi, A.
CORPORATE SOURCE: Clinica Dermatologica, Via Gramsci, 14, 43100 Parma, Italy.
SOURCE: Giornale Italiano di Dermatologia e Venereologia, (1997) Vol. 132, No. 1, pp. 33-38.
Refs: 49
ISSN: 0026-4741 CODEN: GIDVDZ
COUNTRY: Italy
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Italian
SUMMARY LANGUAGE: Italian; English
ENTRY DATE: Entered STN: 7 May 1997
Last Updated on STN: 7 May 1997

AB ACE-inhibitors agents are widely employed drugs, which are known to induce several cutaneous side-effects. This survey on skin reactions by ACE-inhibitors has been carried out on the basis of the data reported in the medical literature and of personal clinical observations. We described the chemical structure, the pharmacological activities and the physiopathologic mechanisms of skin reactions. The following observations have been reached: a) new ACE-inhibitors are responsible for a lower number of clinical manifestations; b) the range of clinical manifestations is wide; c) a specific clinical picture is lacking; d) the majority of clinical pictures mimicks common cutaneous diseases, while aspecific manifestations are more rarely described.

L19 ANSWER 47 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 1996:660913 HCAPLUS Full-text
DOCUMENT NUMBER: 125:293042
ORIGINAL REFERENCE NO.: 125:54551a,54554a
TITLE: Use of angiogenesis suppressors for inhibiting hair growth
INVENTOR(S): Ahluwalia, Gurpreet S.; Styczynski, Peter; Shander, Douglas
PATENT ASSIGNEE(S): Handelman, Joseph H., USA
SOURCE: PCT Int. Appl., 23 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|

WO 9626712 A2 19960906 WO 1996-US2790 19960227 <--
WO 9626712 A3 19961121
W: AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI
RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML
CA 2213404 A1 19960906 CA 1996-2213404 19960227 <--
CA 2213404 C 20010925
AU 9653009 A 19960918 AU 1996-53009 19960227 <--
AU 719106 B2 20000504
EP 812185 A2 19971217 EP 1996-909552 19960227 <--
EP 812185 B1 20020703
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE
BR 9607060 A 19981215 BR 1996-7060 19960227 <--
JP 11501035 T 19990126 JP 1996-526415 19960227 <--
JP 4063868 B2 20080319
AT 219928 T 20020715 AT 1996-909552 19960227 <--
ES 2175084 T3 20021116 ES 1996-909552 19960227 <--
ZA 9601600 A 19960905 ZA 1996-1600 19960228 <--
US 6093748 A 20000725 US 1997-963227 19971103 <--
PRIORITY APPLN. INFO.: US 1995-396446 A 19950228 <--
WO 1996-US2790 W 19960227 <--

AB A method of inhibiting hair growth in a mammal includes applying, to an area of skin from which reduced hair growth is desired, a dermatol. acceptable composition containing a non-steroidal suppressor of angiogenesis. The effective compds. include sulfotransferase inhibitors, heparin binding antagonists, Cu chelators, histidine decarboxylase inhibitors, mast cell degranulation inhibitors, histamine receptor antagonists, ACE inhibitors, angiotensin II receptor antagonists, prostaglandin synthetase inhibitors, NK1 receptor antagonists, PAF receptor antagonists, and cytochrome P 450 reductase inhibitors. A topical preparation containing 10 % bathocuproine, was applied to male intact Golden Syrian hamsters; hair growth was inhibited by 81 %. OS.CITING REF COUNT: 17 THERE ARE 17 CAPLUS RECORDS THAT CITE THIS RECORD (18 CITINGS)
REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 48 OF 79 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 1996:532050 BIOSIS Full-text
DOCUMENT NUMBER: PREV199699254406
TITLE: Cross reactions among ACE-inhibitors associated with angio-edema and exfoliative dermatitis.
AUTHOR(S): Dybendal, Turid; Schjott, Jan
CORPORATE SOURCE: RELIS 3, Haukeland Sykehusapotek, Postboks 1, 5021 Bergen, Norway
SOURCE: Tidsskrift for den Norske Laegeforening, (1996) Vol. 116, No. 19, pp. 2348.
CODEN: TNLAAH. ISSN: 0029-2001.
DOCUMENT TYPE: Article
LANGUAGE: Norwegian
ENTRY DATE: Entered STN: 22 Nov 1996
Last Updated on STN: 23 Nov 1996

L19 ANSWER 49 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1996347293 EMBASE Full-text

TITLE: The prognostic value of predischarge quantitative two-dimensional echocardiographic measurements and the effects of early lisinopril treatment on left ventricular structure and function after acute myocardial infarction in the GISSI-3 trial.
AUTHOR: Nicolosi, G.L.; Latini, R. (correspondence); Marino, P.; Maggioni, A.P.; Barlera, S.; Franzosi, M.G.; Geraci, E.; Santoro, L.; Tavazzi, L.; Tognoni, G.; Vecchio, C.; Volpi, A.
CORPORATE SOURCE: GISSI-3 Coordinating Center, Via Eritrea 62, 20157 Milano, Italy.
SOURCE: European Heart Journal, (1996) Vol. 17, No. 11, pp. 1646-1656.
ISSN: 0195-668X CODEN: EHJODF
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 3 Dec 1996
Last Updated on STN: 3 Dec 1996

AB Background. Left ventricular dilatation and a low ejection fraction after acute myocardial infarction are independent indicators of a poor prognosis. ACE inhibitors have been shown to decrease left ventricular dilatation after myocardial infarction. In the GISSI-3 trial, patients were randomly assigned, within 24 h of onset of myocardial infarction symptoms, to 6 weeks of treatment with lisinopril, nitroglycerin, both or neither, in an open, 2 x 2 factorial design. The study showed that early treatment in relatively unselected patients with lisinopril decreases mortality at 6 weeks and severe left ventricular dysfunction. We assessed (1) the prognostic value of pre-discharge 2-D echocardiographic variables, and (2) the effects of lisinopril on the progression of left ventricular dilatation. Methods and results. 2-D echocardiograms were available pre-discharge in 8619 GISSI-3 trial patients discharged alive. In 6405 of these patients, a 2-D echocardiographic study was also available at 6 weeks, and at 6 months. Pre-discharge end-diastolic and end-systolic volumes, and ejection fraction predicted 6-month mortality and non-fatal clinical congestive heart failure ($P < 0.01$). The increase in left ventricular volumes over time was significantly reduced by 6 weeks' lisinopril treatment in patients with wall motion asynergy pre-discharge of ≤ 27%. Patients with wall motion asynergy < 27% showed no dilatation and lisinopril did not affect volumes at 6 months. Patients randomized to lisinopril also had smaller volumes after withdrawal of treatment at 6 weeks. Lisinopril did not affect left ventricular ejection fraction. Conclusions. 2-D echocardiography independently contributes to pre-discharge risk stratification in terms of 6-month mortality and clinical heart failure after myocardial infarction, and early, short-term treatment with lisinopril in unselected myocardial infarction patients attenuates left ventricular dilatation; an effect evident in patients with larger infarcts. These results probably only partly explain the effect of lisinopril on total mortality concentrated in the first week after infarction.

L19 ANSWER 50 OF 79 EMBASE 
ACCESSION NUMBER: 1996313065 EMBASE Full-text
TITLE: Lisinopril. A review of its pharmacology and clinical efficacy in the early management of acute myocardial infarction.
AUTHOR: Goa, K.L. (correspondence); Balfour, J.A.; Zuanetti, G.

CORPORATE SOURCE: Adis International Limited, Private Bag 65901, 41 Centorian Drive, Mairangi Bay, Auckland 10, New Zealand.
SOURCE: Drugs, (1996) Vol. 52, No. 4, pp. 564-588.
ISSN: 0012-6667 CODEN: DRUGAY
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 6 Nov 1996
Last Updated on STN: 6 Nov 1996

AB Following establishment of its efficacy in hypertension and congestive heart failure, the ACE inhibitor lisinopril has now been shown to reduce mortality and cardiovascular morbidity in patients with myocardial infarction when administered as early treatment. The ability of lisinopril to attenuate the detrimental effects of left ventricular remodelling is a key mechanism; however additional cardioprotective and vasculoprotective actions are postulated to play a role in mediating the early benefit. The GISSI-3 trial in > 19 000 patients has demonstrated that when given orally within 24 hours of symptom onset and continued for 6 weeks, lisinopril (with or without nitrates) produces measurable survival benefits within 1 to 2 days of starting treatment. Compared with no lisinopril treatment, reductions of 11% in risk of mortality and 7.7% in a combined end-point (death plus severe left ventricular dysfunction) were evident at 6 weeks. Advantages were apparent in all types of patients. Thus, those at high risk- women, the elderly, patients with diabetes mellitus and those with anterior infarct and/or Killip class > 1 -also benefited. These gains in combined end-point events persisted in the longer term, despite treatment withdrawal after 6 weeks in most patients. At 6 months, the incidence rate for the combined end-point remained lower than with control (a 6.2% reduction). The GISSI-3 results concur with those from recent large investigations (ISIS-4, CCS-1, SMILE) of other ACE inhibitors as early management in myocardial infraction. However, the results of the CONSENSUS II trial (using intravenous enalaprilat then oral enalapril) were unfavourable in some patients. These finding, together with the development of persistent hypotension and, to a lesser extent, renal dysfunction among patients in the GISSI-3 trial, have prompted considerable debate over optimum treatment strategies. Present opinion generally holds that therapy with lisinopril or other ACE inhibitors show to be beneficial may be started within 24 hours in haemodynamically stable patients with no other contraindications; current labelling in the US and other countries reflects this position. There is virtually unanimous agreement that such therapy is indicated in high-risk patients, particularly those with ventricular dysfunction. The choice of ACE inhibitor appears less important than the decision to treat; it seems likely that these benefits are a class effect. Lisinopril has a tolerability profile resembling that of other ACE inhibitors, can be given once daily and may be less costly than other members of its class. However, present cost analyses are flawed and this latter point remains to be proven in formal cost-effectiveness analyses. In conclusion, early treatment with lisinopril (within 24 hours of symptom onset) for 6 weeks improves survival and reduces cardiovascular morbidity in patients with myocardial infarction, and confers ongoing benefit after drug withdrawal. While patients with symptoms of left ventricular dysfunction are prime candidate for treatment, all those who are haemodynamically stable with no other contraindications are also eligible to receive therapy. Lisinopril and other ACE inhibitors shown to be beneficial should therefore be considered an integral part of the early management of myocardial infarction in suitable patients.

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ACCESSION NUMBER: 1996211349 EMBASE Full-text
TITLE: Safety aspects of treatment with lacidipine - A slow-onset, long-acting calcium antagonist.
AUTHOR: Lindholm, Lars H., Dr. (correspondence)
CORPORATE SOURCE: Department of Community Health Sciences, Lund University, Lund, Sweden.
AUTHOR: Tcherdakoff, Philippe
CORPORATE SOURCE: 4, Rue Eugene Labiche, Paris, France.
AUTHOR: Zanchetti, Alberto
CORPORATE SOURCE: Centro di Fisiologia Clinica e Ipertensione, Unirersita di Milano, Ospedale Maggiore, Milan, Italy.
AUTHOR: Lindholm, Lars H., Dr. (correspondence)
CORPORATE SOURCE: Dept. of Community Health Sciences, Helgeandsgatan 16, S-223 54 Lund, Sweden.
SOURCE: Blood Pressure, (Jul 1996) Vol. 5, No. 4, pp. 241-249.
Refs: 25
ISSN: 0803-7051 CODEN: BLPREG
COUNTRY: Norway
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 24 Sep 1996
Last Updated on STN: 24 Sep 1996

AB Objective: The aim was to review the clinical safety profile of lacidipine with the help of the rather comprehensive datafile of the manufacturer- a novel approach which may be of some value while awaiting the outcome of calcium antagonist treatment in prospective, randomised trials of cardiovascular morbidity and mortality. Design: This paper includes data from clinical trials finished before 1 January 1995. Since 1985, 50 phase III-IV trials have been performed investigating antihypertensive efficacy in patients with hypertension; 32 were controlled trials with comparison treatment and 18 were open studies of lacidipine treatment. Subjects: In all, 16 590 patients received lacidipine: 13 419 in open studies and 3 171 in double blind, comparative trials. Altogether, these patients contributed 5 124 person-years (p.y.). Furthermore, active comparative treatment was given to 1 810 patients and placebo to 451. Main outcome measures: Both fatal and non-fatal cardiovascular events have been estimated. Efficacy (change in blood pressure and heart rate), adverse event rates, and drop-out rates have been compared for the different treatment regimes. Also the reasons for dropping out of studies have been compared. Adverse effects were also analysed as to their time of occurrence and duration. Results: Blood pressure was lowered by 2-6 mg lacidipine; in the controlled trials from 166/102 to 144/85 mm Hg. Heart rate dropped from 75.6 to 74.1 beats per minute. The estimated event rate for a possible myocardial infarction in all studies was 5.46 per 1.000 p.y. The fatal (all causes) event rate was 5.27 per 1 000 p.y., and the estimated fatal cardiovascular event rate 2.93 per 1.000 p.y. In one long-term study (48 weeks) comprising 2.282 patients (1 658 p.y.), the observed fatal (all causes) event rate was 4.2 per 1 000 p.y. The overall incidence in the comparative studies of (one or more) adverse events was: for lacidipine 30.3%, other calcium antagonists 43.8%, diuretics 18.7%, beta- receptor blockers 48.7%, ACE inhibitors 10.4%, and placebo 15.7%. The adverse effects of lacidipine were the expected ones, e.g. headache, flushing, pedal oedema, and palpitations.

Conclusion: When analysing the data on file for lacidipine and some comparatory drugs in almost 19000 hypertensive patients we have found lacidipine to be an effective and well tolerated drug with a reasonable adverse profile typical for a calcium antagonist of the dihydropyridine group. Our study has the obvious limitations of a retrospective analysis of data obtained from a large cohort of patients, most of whom received lacidipine for a relatively short period of time. The present results indicate a lower fatal event rate than previously reported in the actively treated hypertensives in Collins' meta-analyses, comprising ten times more person-years than our analysis. Prospective studies with lacidipine focusing on possible reductions of atherosclerosis as well as incidence of cardiovascular disease are required and are well under way.

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ACCESSION NUMBER: 1996105154 EMBASE Full-text
TITLE: [Drug-induced asthma].
ASMA DA FARMACI.
AUTHOR: Gani, F.; Mezzelani, P., Prof. (correspondence); Senna, G.
CORPORATE SOURCE: Istituto di Clinica Medica, Universita di Verona, Policlinico Borgo Roma, 37134 Verona, Italy.
SOURCE: Recenti Progressi in Medicina, (1996) Vol. 87, No. 1, pp. 31-40.
ISSN: 0034-1193 CODEN: RPMDAN
COUNTRY: Italy
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 015 Chest Diseases, Thoracic Surgery and Tuberculosis
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Italian
SUMMARY LANGUAGE: Italian; English
ENTRY DATE: Entered STN: 7 May 1996
Last Updated on STN: 7 May 1996

AB Drugs account for 8-10% acute attacks of asthma. Aspirin and non steroid antiinflammatory drugs are more frequently involved in iatrogenic asthma due to a block of cycloxygenase. Arachidonic acid is therefore metabolized through lipoxygenase pathway with a larger production of leukotrienes with bronchospastic action. Due to its non immunological pathogenesis, skin test is useless; on the contrary history and possible in vivo (oral, bronchial, nasal) provocation must be taken into account for the diagnosis. The management of patients with aspirin-induced asthma relies on the correct choice of alternative drugs. Also beta-blockers can cause bronchospasm which is probably mediated by a reduction of endogenous catecholamines. Ace-inhibitors instead account for persistent cough which can be caused by a reduction of the metabolism of bradykinins and substance P. Myo-relaxants, general anaesthetics, plasma expanders and latex account for some cases of anaphylaxis during operations with a very serious respiratory distress syndrome. Asthmatic patients with aspecific bronchial hyperreactivity may present anedoctal attacks of paradoxic bronchospasm due to antiasthmatic drugs as sympatheticomimetics, chromolin and topically administered steroids.

L19 ANSWER 53 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1996175981 EMBASE Full-text
TITLE: Effect of nitrates on myocardial remodeling after acute myocardial infarction.
AUTHOR: Jugdutt, B.I., Dr. (correspondence)

CORPORATE SOURCE: Division of Cardiology, Walter Mackenzie Health Sci. Centre, University of Alberta, Edmonton, Alta. T6G 2R7, Canada.
SOURCE: American Journal of Cardiology, (1996) Vol. 77, No. 13, pp. 17C-23C.
ISSN: 0002-9149 CODEN: AJCDAG
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 8 Jul 1996
Last Updated on STN: 8 Jul 1996

AB Nitrates are effective for the therapy of acute coronary syndromes, including acute myocardial infarction. Their application in acute infarction has established that vasodilators are beneficial provided hypotension is avoided. Nitrates limit early ventricular remodeling in infarction. New dosing strategies and formulations that permit chronic use after infarction with less tolerance might limit late remodeling. Over the last decade, the demonstrated effectiveness of angiotensin-converting enzyme (ACE) inhibitors in limiting ventricular dilation postinfarction has generated controversy over the usefulness of nitrates for that indication. The uncertainly has been intensified by 2 large mortality trials that tested both agents as adjuncts to conventional therapy. These trials were not designed to test whether nitrates might limit remodeling. Mechanistic experimental and clinical studies that tested whether nitrates or ACE inhibitors could effectively limit ventricular remodeling showed that both improved remodeling endpoints. However, experimental studies raise some concern about the decrease in infarct collagen associated with ACE inhibition and emphasize the fact that final outcome represents a balance of effects. That nitrates do not decrease infarct collagen could be important. Nitrate-induced early recruitment of ventricular function after late reperfusion of acute infarction might also be important. In the mortality trials, >50% of patients received open-label nitrates as per indication. Thus, the trial results to date do not suggest that nitrates are ineffective for remodeling, but rather that ACE inhibitors can confer added benefit. There has been no large clinical trial to test the efficacy of nitrates for remodeling as there has been for ACE inhibitors.

L19 ANSWER 54 OF 79 EMBASE 
ACCESSION NUMBER: 1995079515 EMBASE Full-text
TITLE: [Adverse effects of ACE-inhibitors in Denmark].
BIVIRKNINGER VED BRUG AF ACE-HAEMMERE I DANMARK.
AUTHOR: Andreassen, H. (correspondence); Kruse, K.V.; Andersen, M.
CORPORATE SOURCE: Jansvej 25, DK-2300 Kobenhavn S, Denmark.
SOURCE: Ugeskrift for Laeger, (1995) Vol. 157, No. 10, pp. 1365-1368.
ISSN: 0041-5782 CODEN: UGLAAD
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Danish
SUMMARY LANGUAGE: Danish
ENTRY DATE: Entered STN: 5 Apr 1995

Last Updated on STN: 5 Apr 1995

L19 ANSWER 55 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN DUPLICATE 8
ACCESSION NUMBER: 1995:959317 HCAPLUS Full-text
DOCUMENT NUMBER: 124:21465
ORIGINAL REFERENCE NO.: 124:3919a,3922a
TITLE: Toxicodynamic analysis of cough and inflammatory reactions by angiotensin-converting enzyme inhibitors in guinea pig
AUTHOR(S): Ito, Kaori; Ito, Kiyomi; Sawada, Yasufumi; Kamei, Junzo; Misawa, Miwa; Iga, Tatsuji
CORPORATE SOURCE: Dep. Pharm., Univ. Tokyo Hosp., Fac. Med., Univ. Tokyo, Dep. Pharmacol., Fac. Pharm. Sci., Hoshi Univ., Tokyo, Japan
SOURCE: Journal of Pharmacology and Experimental Therapeutics (1995), 275(2), 920-5
CODEN: JPETAB; ISSN: 0022-3565
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Angiotensin-converting enzyme (ACE) inhibitors are one of the first drugs of choice for the treatment of hypertension. However, there have been many reports of persistent chronic dry cough and inflammatory skin reactions (rash and/or angioedema, etc.) induced by ACE inhibitors. In this study, in order to evaluate the cough and inflammatory reaction, we measured the number of citric acid-induced coughs and the intradermal inflammation with ovalbumin in guinea pigs consecutively treated with ACE inhibitors (lisinopril, enalaprilat and imidapril) for 3 days. The number of citric acid-induced coughs and the inflammatory skin reactions (rash and/or angioedema, etc.) induced by ACE inhibitors. In this study, in order to evaluate the cough and inflammatory reaction, we measured the number of citric acid-induced coughs and the intradermal inflammation with ovalbumin in guinea pigs consecutively treated with ACE inhibitors (lisinopril, enalaprilat and imidapril) for 3 days. The number of citric acid-induced coughs and the inflammatory responses were significantly enhanced by treatment with lisinopril and enalaprilat, whereas imidapril produced no change in either response. These results correspond to the frequency of adverse effects in clin. practice, which suggests that imidapril has the least ability to induce the inflammatory skin response and cough. Furthermore, the enhancement produced by the ACE inhibitors in the number of coughs and the inflammatory responses were significantly reduced by pretreatment with indomethacin (prostaglandin synthesis inhibitor). This finding suggests that PGs at least participate in the mechanism for ACE inhibitor-induced cough and inflammatory skin response.
OS.CITING REF COUNT: 9 THERE ARE 9 CAPLUS RECORDS THAT CITE THIS RECORD (9 CITINGS)

L19 ANSWER 56 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1995111570 EMBASE Full-text
TITLE: Choosing the right ACE inhibitor: A guide to selection.
AUTHOR: Leonetti, Gastone, Prof. (correspondence)
CORPORATE SOURCE: Ist. Scientifico Ospedale S. Luca, Centro Auxologico Italiano, Universita degli Studi, Milan, Italy.
AUTHOR: Cuspidi, Cesare
CORPORATE SOURCE: Ist. Clin. Medica Gen. Terap. Medica, Universita di Milano, Milan, Italy.
AUTHOR: Leonetti, Gastone, Prof. (correspondence)
CORPORATE SOURCE: Ist. Scientifico Ospedale S. Luca, Via Spagnoletta 3, 20149 Milan, Italy.
AUTHOR: Leonetti, Gastone, Prof. (correspondence)

CORPORATE SOURCE: Istituto Scientifico Ospedale S Luca, Via Spagnoletta 3, 20149 Milan, Italy.
SOURCE: Drugs, (Apr 1995) Vol. 49, No. 4, pp. 516-535.
Refs: 193
ISSN: 0012-6667 CODEN: DRUGAY
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 3 May 1995
Last Updated on STN: 3 May 1995

AB To find out if there are one or more criteria to guide selection among the ACE inhibitors for the treatment of arterial hypertension, we have reviewed the principal pharmacokinetic and pharmacodynamic aspects of the more frequently used agents of this class of antihypertensive drugs, Among the pharmacokinetic aspects that we have considered, terminal halflife, as related to the duration of the antihypertensive effect, and the route of elimination may have an impact in the clinical selection among the various ACE inhibitors. On the other hand, all the other characteristics have no pragmatic clinical relevance or may be corrected by dosage adjustment, Among the pharmacodynamic aspects, the antihypertensive efficacy of the different ACE inhibitors seems to be very similar, and some of the differences found in different studies are probably due to the population investigated and to the protocol of the study (time of blood pressure measurements, diet, drug dosage etc.). However, some differences can be found among the various ACE inhibitors when the antihypertensive efficacy is evaluated also as trough to peak ratio of blood pressure reduction. Indeed, in respect of the administration schedule of each ACE inhibitor not all the agents of this class have a trough to peak ratio above 50 to 60%, as suggested by the Food and Drug Administration of the US. According to this criterion, especially when blood pressure is measured with 24-hour noninvasive ambulatory blood pressure monitoring, some drugs such as lisinopril, enalapril and trandolapril should be preferred for their higher trough to peak ratios. Left ventricular hypertrophy is significantly reduced by antihypertensive agents, the ACE inhibitors being the most effective. Indeed, the reduction of left ventricle mass for each 1 mm Hg reduction in mean blood pressure is greater for ACE inhibitors than for other classes of antihypertensive agents. However, this effect seems more class related than characteristic of one or more among the various ACE inhibitors. Insulin resistance is elevated in hypertensive patients and it has been thought responsible for or associated with other metabolic abnormalities. ACE inhibitors seem to correct the insulin resistance of hypertensive patients, but this effect also appears to be class related more than limited to one ACE inhibitor or another. Our knowledge of this field is still limited and more studies are necessary, especially to understand the prognostic impact of insulin resistance and/or insulin resistance improvement. Renal protection of ACE inhibitors was first evaluated in patients with scleroderma crises, and thereafter has been extensively investigated in patients with renal insufficiency, due to diabetic nephropathy, with or without arterial hypertension. In both clinical diseases ACE inhibitors caused a significant improvement in prognosis. More doubtful are the long term effects of ACE inhibitors inpatients with renal insufficiency due to nondiabetic nephropathy. In hypertensive patients with normal renal function and microproteinuria the ACE inhibitors reduce blood pressure and microalbuminuria in short and long term studies, without lowering glomerular filtration rate and renal blood flow. Renoprotection has been investigated predominantly with captopril and enalapril and they seem equipotent. No clinically relevant significant differences have been found among the ACE inhibitors in their use in elderly

hypertensive patients and in their impact on quality of life. Finally, the effect of ACE inhibitors on atherosclerotic disease of carotid arteries is the subject of ongoing studies. In conclusion, there is no clinically relevant difference among the various ACE inhibitors for the treatment of patients with uncomplicated essential hypertension, when the agents are administered in the correct dosage regimen. However, if we consider the trough to peak ratio of blood pressure reduction, some of them seem to have a more favourable profile, although the long term impact is still unknown. Hypertensive patients with renal insufficiency, secondary either to hypertension or to other disease, seem to benefit from all ACE inhibitors, but some of them with a double route of excretion could be selected in comparison with those eliminated renally only because they do not need dosage adjustment.

L19 ANSWER 57 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN DUPLICATE 9
ACCESSION NUMBER: 1995:676434 HCAPLUS Full-text
DOCUMENT NUMBER: 123:74571
ORIGINAL REFERENCE NO.: 123:12983a,12986a
TITLE: Toxicodynamic analysis of inflammatory reactions by an angiotensin converting enzyme inhibitor ( lisinopril) in guinea pig skin
AUTHOR(S): Ito, Kaori; Ito, Kiyomi; Sawada, Yasufumi; Iga, Tatsuji
CORPORATE SOURCE: Dep. Pharmacy, Univ. Tokyo Hosp., Tokyo, 113, Japan
SOURCE: Journal of Pharmacy and Pharmacology (1995), 47(6), 499-502
CODEN: JPPMAB; ISSN: 0022-3573
PUBLISHER: Royal Pharmaceutical Society of Great Britain
DOCUMENT TYPE: Journal
LANGUAGE: English
AB There have been reports of rash and angioedema in the treatment of hypertension with angiotensin converting enzyme (ACE) inhibitors. To evaluate the inflammatory reaction, we continuously infused lisinopril for three days into the peritoneal cavity of ovalbumin-sensitized guinea-pigs and tested intradermal inflammation with ovalbumin. Inflammatory responses were measured in two perpendicular directions serially, and the areas of rash were used as an index of inflammatory reaction induced by lisinopril. Inflammatory responses were dose-dependently enhanced by treatment with lisinopril. Plasma concentration of lisinopril required to produce 50% of the maximum potentiation of the inflammatory reaction in guinea-pig skin was 40 times plasma unbound concentration after the clin. treatment of lisinopril in patients.
OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

L19 ANSWER 58 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN DUPLICATE 10
ACCESSION NUMBER: 1995:681298 HCAPLUS Full-text
DOCUMENT NUMBER: 123:136931
ORIGINAL REFERENCE NO.: 123:24221a,24224a
TITLE: Elastase-type endopeptidase of fibroblasts. Effect of metalloprotease inhibitors
AUTHOR(S): Bernard, Emmanuelle; Hornebeck, William; Robert, Ladislas
CORPORATE SOURCE: Laboratoire de biologie cellulaire, Universite Paris-VII, Paris, 75251/05, Fr.
SOURCE: Comptes Rendus de l'Academie des Sciences, Serie III: Sciences de la Vie (1995), 318(2), 179-82
CODEN: CRASEV; ISSN: 0764-4469
PUBLISHER: Libbey Eurotext
DOCUMENT TYPE: Journal
LANGUAGE: French

AB Human skin fibroblasts produce in culture an elastase-type metalloendopeptidase which can hydrolyze synthetic elastase substrates as Suc Ala3 pNA and also degrade elastic fibers when injected into the dermis or deposited on cryostat-skin sections. Here further characterization of this enzyme activity was described using metalloenzyme inhibitors as well as specific inhibitors of known Zn-endopeptidases such as angiotensin-converting enzyme and enkephalinase. Among the metal-complexing agents tested only EDTA and o-phenanthroline could inhibit the elastase-type activity of fibroblasts; other known metal-complexing substances capable of reacting with Zn (2,2'-dipyridyl, di-Et dithiocarbamate and other metal chelators) were ineffective as was lisinopril, an ACE inhibitor. Phosphoramidon and retrothiorphan, specific enkephalinase inhibitors, strongly inhibited the elastase-type activity of human skin fibroblasts (IC50 10-8M). Ethanol at concns. used to dissolve organic, water-insol. inhibitors (50-100 μL/mL), strongly inhibited the enzyme. Apparently, the metal prosthetic group of fibroblast elastase (presumably Zn) is not directly accessible to several of the low-mol.-weight complexing agents. The efficiency of enkephalinase inhibitors suggested a possible relationship between this enzyme and fibroblast elastase. OS.CITING REF COUNT: 4 THERE ARE 4 CAPLUS RECORDS THAT CITE THIS RECORD (4 CITINGS)

L19 ANSWER 59 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN DUPLICATE 11
ACCESSION NUMBER: 1994:498974 HCAPLUS Full-text
DOCUMENT NUMBER: 121:98974
ORIGINAL REFERENCE NO.: 121:17519a,17522a
TITLE: Stability and in vitro absorption of captopril, enalapril and lisinopril across the rat intestine
AUTHOR(S): Zhou, X. H.; Po, Li Wan
CORPORATE SOURCE: Sch. Pharm., Queen's Univ. Belfast, Belfast, BT9 7BL, UK
SOURCE: Biochemical Pharmacology (1994), 47(7), 1121-6
CODEN: BCPCA6; ISSN: 0006-2952
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The in vivo absorption of 3 angiotensin-converting enzyme (ACE) inhibitors, captopril, enalapril and lisinopril, and their stabilities in aqueous buffer as well as their resistance to rat intestinal and dermal tissue homogenates were investigated. The spontaneous oxidation of captopril, enalapril and lisinopril followed 1st-order degradation kinetics in McIlvaine's citrate-phosphate buffer. The degradation rates for enalapril and lisinopril were much slower than that for captopril. With the former 2 ACE inhibitors, the 1st-order rate consts. of breakdown in the presence of dermal homogenate were not different from those in its absence. Intestinal homogenate increased the decomposition of both of these inhibitors compared to that in the enzyme-free control systems. On the other hand, the 1st-order rates of disappearance of captopril in the presence of both dermal and intestinal homogenates were lower than in the enzyme-free system. The extent of reduction was proportional to the amount of homogenate added. This suggests that tissue homogenates prevent the oxidation of captopril to its disulfide dimer. Transport expts. showed that the amts. of the ACE inhibitors transferred from solution on the mucosal side increased linearly with incubation time over the 2 h of study. The rates of transfer from the mucosal side to the serosal side had the following rank order: captopril > enalapril > lisinopril, roughly in the ratio 1:1.13:1.27. Addition of harmaline reduced the transfer rate of captopril, which strongly suggests that captopril is transported by a sodium-dependent, carrier-mediated process across intestinal tissue. OS.CITING REF COUNT: 11 THERE ARE 11 CAPLUS RECORDS THAT CITE THIS RECORD (11 CITINGS)

L19 ANSWER 60 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights

reserved on STN
ACCESSION NUMBER: 1994315152 EMBASE Full-text
TITLE: [Improved prognosis of heart infarction with ACE-inhibitor and nitrate therapy].
VERBESSERTE INFARKTPROGNOSE EINZIG DURCH ACE-HEMMER UND NITRAT.
SOURCE: Therapiewoche Schweiz, (1994) Vol. 10, No. 10, pp. 558+560.
ISSN: 0256-6869 CODEN: THSCEK
COUNTRY: Germany
DOCUMENT TYPE: Journal; Note
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
LANGUAGE: German
ENTRY DATE: Entered STN: 16 Nov 1994
Last Updated on STN: 16 Nov 1994

L19 ANSWER 61 OF 79 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN DUPLICATE 12
ACCESSION NUMBER: 1994:440277 BIOSIS Full-text
DOCUMENT NUMBER: PREV199497453277
TITLE: The new trials: AIRE, ISIS-4, and GISSI-3: Is the dossier on ACE inhibitors and myocardial infarction now complete?.
AUTHOR(S): Opie, Lionel H.
CORPORATE SOURCE: Hypertension Clinic, Groote Schuur Hosp., Med. Res. Counc. Ischaemic Heart Dis. Res. Unit, Univ. Cape Town Med. Sch., Cape Town 7925, South Africa
SOURCE: Cardiovascular Drugs and Therapy, (1994) Vol. 8, No. 3, pp. 469-472.
ISSN: 0920-3206.
DOCUMENT TYPE: Article
Editorial
LANGUAGE: English
ENTRY DATE: Entered STN: 11 Oct 1994
Last Updated on STN: 10 Nov 1994
AB Recent studies have strengthened the arguments for the use of angiotensin-converting enzyme (ACE) inhibitors in the early postinfarct period. Those with clinically detectable heart failure, and hence at highest risk, will benefit most, as shown in the AIRE study, but those at lower risk with left ventricular dysfunction still have some benefit, theoretically through ventricular remodeling. In patients in the very early stages of acute myocardial infarction, three trials have shown discordant results. In CONSENSUS-II, intravenous enalaprilat followed by oral enalapril gave no benefit, rather causing excess hypotension and a possible increase in mortality. In ISIS-4 and GISSI-3, mortality improved by 0.46% and 0.8%, respectively, with risk reductions of 9% and 11%. Added transdermal nitrate in GISSI-3 gave a total reduction of 17%. In view of the risk of hypotension (20% in ISIS-4, compared with placebo 10%), very early ACE inhibition will probably only be used for selected patients. Logically, one target group would be those seen 7-24 hours after the onset of symptoms, particularly 7-12 hours, at which time captopril alone gave a reduction of 14.5% in risk. Them mortality differences compare favorably with those recently found when comparing tPA and streptokinase in the GUSTO study.

L19 ANSWER 62 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1994325952 EMBASE Full-text

TITLE: [Allergic and pseudo-allergic adverse drug reactions, especially of ACE inhibitors].
ALLERGISCHE UND PSEUDO-ALLERGISCHE NEBENWIRKUNGEN VON ARZNEIMITTELN, INSBESONDERE VON ACE-HEMMERN.
AUTHOR: Mathias, B., Dr. (correspondence); Lasek, R.; Piper, C.
CORPORATE SOURCE: Aachener Strasse 233-237, D-50931 Koln, Germany.
SOURCE: Allergologie, (1994) Vol. 17, No. 10, pp. 457-462.
ISSN: 0344-5062 CODEN: ALLRDI
COUNTRY: Germany
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
SUMMARY LANGUAGE: German; English
ENTRY DATE: Entered STN: 23 Nov 1994
Last Updated on STN: 23 Nov 1994

AB The spontaneous reporting system of the AKdA reveals a high percentage of allergic and pseudoallergic drug reactions. These observations are based on more than 110000 reports received since 1965 by the commission. Analyses for different report years demonstrated that observations of severe hypersensitive reactions like shock reactions, bronchospasm, angioneurotic edema were mentioned in 19% to 25% of all reports, skin reactions (angioneurotic edema excluded) in 16% to 22%. Since 1981, 1207 reports were received concerning ACE inhibitors (mono preparations), including 210 reports concerning skin reactions, 177 reports of angioneurotic edema, 232 reports of dry cough and 116 of haematologic reactions (mono and combination preparations). Considering the different pathogenetic mechanisms, the above mentioned observations phenomenologically constitute a pattern of a clinical picture affected by allergies as well as further observations concerning an increase of liver enzymes, hepatitis and vasculitis, alveolitis, shock reactions. A locally increased concentration of bradykinin in the tissue is suspected in seldom occurring but potentially fatal angioneurotic edema, which is manifested mainly in the upper part of the body and specially in the facien, pharynx and larynx area. The evaluation of 56 reports of the spontaneous reporting system shows that the latent period of clinical symptoms for edema was extremely variable, i.e. in 38 cases up to weeks, in 13 cases after more than 3 weeks and in 5 cases after more than 6 months. An exact control of the patients must therefore be guaranteed especially during the first weeks after beginning the therapy; but the appearance of angioneurotic edema must also be considered during the further course of the therapy.

L19 ANSWER 63 OF 79 EMBASE 
ACCESSION NUMBER: 1994378671 EMBASE Full-text
TITLE: Atypical presentation of angioedema associated with an angiotensin- converting enzyme inhibitor.
AUTHOR: Hamilton Jr., J.D. (correspondence); Raymond, C.H.
CORPORATE SOURCE: Department of Pharmacy, Memorial Community Hospital, 1432 Southwest Blvd., Jefferson City, MO 65110, United States.
SOURCE: Journal of Pharmacy Technology, (1994) Vol. 10, No. 6, pp. 255-257.
ISSN: 8755-1225 CODEN: JPTEEB
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 12 Jan 1995
Last Updated on STN: 12 Jan 1995

AB Objective: To report a case of atypical angioedema associated with the use of lisinopril, an angiotensin-converting enzyme (ACE) inhibitor. Data Synthesis: Literature evaluating ACE inhibitor-induced angioedema was selected from a topical search in MEDLINE. Information regarding the case report was obtained from a review of the medical chart. Summary: A 23-year- old man presents with lisinopril-induced angioedema confined to the left pectoral area. Angioedema associated with ACE inhibitors has been described in the literature, manifesting primarily as edema of the face, throat, and mucous membranes. A review of the possible mechanism, cross-reactivity within the drug class, and treatment of ACE inhibitor-induced angioedema is also discussed. Conclusions: The use of ACE inhibitors in the treatment of hypertension and congestive heart failure is expected to increase, given their proven efficacy and favorable adverse effect profile. Clinicians need to be aware that, although the frequency of ACE inhibitor -induced angioedema is low, it may present in an atypical fashion.

L19 ANSWER 64 OF 79 HCAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 1993:678776 HCAPLUS Full-text
DOCUMENT NUMBER: 119:278776
ORIGINAL REFERENCE NO.: 119:49719a,49722a
TITLE: Use of carnitine or acyl carnitine in combination with an ACE inhibitor for the treatment of cardiovascular disorders
INVENTOR(S): Cavazza, Claudio
PATENT ASSIGNEE(S): Sigma-Tau Industrie Farmaceutiche Riunite S. p. A., Italy
SOURCE: Eur. Pat. Appl., 7 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

| PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|---|---|---|---|---|
| EP 566542 | A1 | 19931020 | EP 1993-830120 | 19930326 <-- |
| EP 566542 | B1 | 19980422 | | |
| R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE | | | | |
| CA 2092505 | A1 | 19930928 | CA 1993-2092505 | 19930325 <-- |
| CA 2092505 | C | 20040601 | | |
| JP 06016570 | A | 19940125 | JP 1993-67971 | 19930326 <-- |
| JP 3616116 | B2 | 20050202 | | |
| ZA 9302152 | A | 19940210 | ZA 1993-2152 | 19930326 <-- |
| AT 165241 | T | 19980515 | AT 1993-830120 | 19930326 <-- |
| ES 2116429 | T3 | 19980716 | ES 1993-830120 | 19930326 <-- |
| US 5861434 | A | 19990119 | US 1996-612671 | 19960308 <-- |
| PRIORITY APPLN. INFO.: | | | IT 1992-RM222 A | 19920327 <-- |
| | | | US 1993-37359 B1 | 19930326 <-- |
| | | | US 1994-197453 B1 | 19940216 <-- |
| | | | US 1994-350188 B1 | 19941130 <-- |

AB A composition in a form suitable for oral, parenteral, rectal, or transdermal administration for the treatment of cardiovascular disorders with a low occurrence of side effects, comprises (1) L-carnitine, C2-8-acyl L-carnitine, or salts thereof, (2) an angiotensin-converting enzyme inhibitor, and (3) a pharmacol. acceptable excipient. For example, a tablet contained lisinopril 5, L-carnitine

100, microcryst. cellulose 250, Mg stearate 20, and lactose 100 mg.
OS.CITING REF COUNT: 4 THERE ARE 4 CAPLUS RECORDS THAT CITE THIS RECORD (4 CITINGS)

L19 ANSWER 65 OF 79 MEDLINE on STN DUPLICATE 13
ACCESSION NUMBER: 1994067671 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 8247432
TITLE: Short term safety assessment of cilazapril.
AUTHOR: Coulter D M
CORPORATE SOURCE: National Toxicology Group, University of Otago Medical School, Dunedin.
SOURCE: The New Zealand medical journal, (1993 Nov 24) Vol. 106, No. 968, pp. 497-9.
Journal code: 0401067. ISSN: 0028-8446. L-ISSN: 0028-8446.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199312
ENTRY DATE: Entered STN: 1 Feb 1994
Last Updated on STN: 1 Feb 1994
Entered Medline: 23 Dec 1993

AB AIMS: To undertake an event monitoring study of cilazapril in general practice during the early marketing period, to provide some comparisons with other angiotensin converting enzyme inhibitors and to assess the monitoring method. METHODS: The monitoring was undertaken in the Intensive Medicines Monitoring Programme. Cilazapril was prescribed for mild to moderate hypertension in 996 patients at a recommended dose of 2.5-5.0 mg daily. The monitoring period was six months and practitioners were asked to report all adverse events. A reaction profile was prepared and compared with profiles for lisinopril, enalapril and captopril. The chi-square test was applied to differences in proportions. RESULTS: There were 84 (8.4%) reports describing 133 adverse events; 124 (93%) were assessed as reactions. Withdrawals totalled 53 (5.3%). The most common reactions were cough (2.9%), nausea and vomiting (1.3%) and lethargy (1.1%). Cilazapril had a higher proportion of neurological reactions ($p < 0.001$) (mainly headache) but a lower proportion of skin reactions ($p = 0.001$) than the other ACE inhibitors. It also had relatively less diarrhoea and there were differences in the patterns of psychiatric reactions. CONCLUSIONS: Cilazapril has a similar reaction profile to other ACE inhibitors but this paper shows differences, some not previously reported, that may assist selection when prescribing. Although there was a high rate of reporting of known adverse reactions, other events were reported at a very low rate and spontaneous reporting is thus confirmed as an unreliable method of monitoring for unexpected adverse reactions.

L19 ANSWER 66 OF 79 MEDLINE on STN
ACCESSION NUMBER: 1994188461 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 8140196
TITLE: A significant increase in lithium levels after concomitant ACE inhibitor administration.
AUTHOR: Teitelbaum M
CORPORATE SOURCE: Department of Psychiatry, Cleveland Clinic Foundation, OH.
SOURCE: Psychosomatics, (1993 Sep-Oct) Vol. 34, No. 5, pp. 450-3. Ref: 9
Journal code: 0376506. ISSN: 0033-3182. L-ISSN: 0033-3182.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199404
ENTRY DATE: Entered STN: 9 May 1994
Last Updated on STN: 9 May 1994
Entered Medline: 25 Apr 1994

L19 ANSWER 67 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1994006372 EMBASE Full-text
TITLE: [Cilazapril and fosinopril: Two new ACE-inhibitors].
CILAZAPRIL UND FOSINOPRIL: ZWEI NEUE ACE-HEMMER.
AUTHOR: Zagermann, P. (correspondence)
CORPORATE SOURCE: Arzneimittelinformationsstelle, ABDA, Ginnheimer Strasse 26, 65760 Eschborn, Germany.
SOURCE: Pharmazeutische Zeitung, (1993) Vol. 138, No. 50, pp. 34-41.
ISSN: 0031-7136 CODEN: PZSED5
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
ENTRY DATE: Entered STN: 30 Jan 1994
Last Updated on STN: 30 Jan 1994

L19 ANSWER 68 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1993039786 EMBASE Full-text
TITLE: [Cilazapril, a new potent and long-acting antihypertensive agent].
CILAZAPRIL, NOVO ANTI-HIPERTENSIVO POTENTE E DE ACAO PROLONGADA.
AUTHOR: Korolkovas, A., Prof. (correspondence); De Franca, F.F.A.C.
CORPORATE SOURCE: Quimica Farmaceutica, Faculdade de Ciencias Farmaceuticas, Universidade de Sao Paulo, Sao Paulo, Brazil.
SOURCE: Revista Brasileira de Medicina, (1992) Vol. 49, No. 10, pp. 765-778.
ISSN: 0034-7264 CODEN: RBMEAU
COUNTRY: Brazil
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Portuguese
SUMMARY LANGUAGE: Portuguese; English
ENTRY DATE: Entered STN: 26 Feb 1993
Last Updated on STN: 26 Feb 1993

AB Cilazapril is a new potent Angiotensin-Converting Enzyme (ACE) inhibitor with prolonged action. It is bioactivated to cilazaprilat inhibiting the renin-angiotensin-aldosterone system reducing both systolic and diastolic blood pressure. Comparative essays with enalapril and captopril demonstrate that cilazapril is more potent. Furthermore it has important influences on diastolic cardiac function, renal protection, reduction of myointima associated with vascular lesions and of intimal hyperplasia. Its slow dissociation is responsible for its high efficacy and prolonged action, being

this the basis for a sole daily dose. It is hydrolysed by the liver and the plasmatic concentrations are attained in one hour. Half-life of elimination occurs in two phases: rapid - 1,5 to 2 hours, and slow - 40 to 50 hours. There is no cumulative effect. It is excreted by the kidney. The therapeutic doses vary from 2,5 to 5 mg/24 hours. Contraindications are similar to other ACE, being the most common: headache, dizziness, fatigue, cough, drowsiness, skin rashes, hypotension and diarrhoea. When used in association with other drugs such as betablockers, calcium channel blockers, potassium-sparing diuretics may present an additive effect. Also hyperkalemia may occur when cilazapril is used with potassium-sparing diuretics. Its antihypertensive effect is reduced by non-steroid anti-inflammatory agents and with sympatomimetic drugs. It does not modify digoxin or cumarinic anticoagulant concentrations.

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ACCESSION NUMBER: 1992354944 EMBASE Full-text
TITLE: [Pharmacology and clinical pharmacology of angiotensin-converting enzyme inhibitors - Part II]. PHARMAKOLOGIE UND KLINISCHE PHARMAKOLOGIE VON HEMMSTOFFEN DES ANGIOTENSIN-KONVERSIONSENZYMS (ACE-INHIBITOREN) - TEIL II.
AUTHOR: Grobecker, H., Prof. Dr. (correspondence)
CORPORATE SOURCE: Lehrstuhl fur Pharmakologie, Universitat Regensburg, Universitatsstrasse 31, 8400 Regensburg, Germany.
SOURCE: Herz Kreislauf, (1992) Vol. 24, No. 11, pp. 372-384.
ISSN: 0046-7324 CODEN: HZKLAV
COUNTRY: Germany
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
ENTRY DATE: Entered STN: 27 Dec 1992
Last Updated on STN: 27 Dec 1992

L19 ANSWER 70 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1992202825 EMBASE Full-text
TITLE: The clinical pharmacology of angiotensin converting enzyme inhibitors in chronic heart failure.
AUTHOR: Struthers, A.D. (correspondence)
CORPORATE SOURCE: Department of Pharmacology, Ninewells Hospital/Medical School, Dundee, DD1 9SY, United Kingdom.
SOURCE: Pharmacology and Therapeutics, (1992) Vol. 53, No. 2, pp. 187-197.
ISSN: 0163-7258 CODEN: PHTHDT
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Aug 1992
Last Updated on STN: 2 Aug 1992

AB ACE inhibitors (ACEIs) have now been shown to improve symptoms and survival in patients with mild, moderate and severe chronic heart failure. Their mechanism of action is thought to be a combination of RAAS suppression and augmentation of bradykinin and prostaglandins. Although ACE inhibitors improve hemodynamics post myocardial infarction, we do not yet have consistent data on their effects on symptoms or survival in these particular patients. One other potential benefit is their effects on reperfusion injury and free radicals. As yet only minor differences have been found to exist between different ACEIs but increasing attention is now being focussed in this direction.

L19 ANSWER 71 OF 79 MEDLINE on STN DUPLICATE 14
ACCESSION NUMBER: 1992162202 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 1536695
TITLE: Adverse effects of angiotensin converting enzyme ( ACE) inhibitors. An update.
AUTHOR: Parish R C; Miller L J
CORPORATE SOURCE: Department of Pharmacy Practice, College of Pharmacy, University of Georgia, Athens.
SOURCE: Drug safety : an international journal of medical toxicology and drug experience, (1992 Jan-Feb) Vol. 7, No. 1, pp. 14-31. Ref: 122
Journal code: 9002928. ISSN: 0114-5916. L-ISSN: 0114-5916.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199204
ENTRY DATE: Entered STN: 17 Apr 1992
Last Updated on STN: 17 Apr 1992
Entered Medline: 2 Apr 1992

AB The angiotensin converting enzyme (ACE) inhibitors are a group of effective drugs with a unique mechanism of action. These drugs have proven to be useful for hypertension and congestive heart failure. Early clinical trials of captopril used doses that are now known to be inappropriately high, and dose-related adverse effects were observed frequently. The recognition that lower doses are effective has reduced the incidence of adverse reactions and resulted in improved patient tolerance. When patients are properly selected and correctable risk factors are removed, serious side effects are uncommon. Unfortunately, the early reputation of nephrotoxicity persists, as does the belief that significant blood dyscrasias, endocrine effects and rash are serious risks for the average patient. After wide use of captopril, enalapril and lisinopril, and investigational trials of nearly a dozen newer agents, a sufficiency of clinical observation, experimental evidence and accurate postmarketing recording of events is accumulating to allow insight into the major toxicities with regard to more intelligent patient selection, more rational dosing and proper identification of risk factors. The most common adverse reactions are cough and skin rash. It appears that the agents are generally not cross-reactive with regard to skin rash, although it is not clear whether this effect is drug-specific or class-specific with regard to cough. Statistically but not clinically significant lowering of haemoglobin and hematocrit is common; these effects are inconsequential in most patients. Neutropenia, once thought to be prevalent, now appears to be so only in patients with autoimmune or collagen-vascular disease; the majority of patients outside these groups are at low risk. Hyperkalaemia is a frequent occurrence. This should not be surprising in view of the effect of the ACE inhibitors on plasma aldosterone. When dietary potassium intake is regulated and sources of altered potassium excretion are identified, hyperkalaemia is seldom a serious problem. Identification of sodium and water deficits allows

correction before the drugs are started, and the frequency of hypotension and hyperkalaemia caused by the drugs is quite low if these factors are properly managed. An unexpected finding emerging in recent years is the dry cough associated with ACE inhibitor therapy. Its mechanism is not definitely known. Nonsteroidal anti-inflammatory drugs may control this symptom in some patients. The frequent observation of proteinuria in patients taking ACE inhibitors has gained notice and sometimes caused undue alarm. It is difficult to separate disease effects in diabetes and hypertension from true drug effects.(ABSTRACT TRUNCATED AT 400 WORDS)

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ACCESSION NUMBER: 1991305732 EMBASE Full-text
TITLE: The safety of angiotensin-converting enzyme (ACE) inhibitors in moderate hypertension.
AUTHOR: Girard, M.
CORPORATE SOURCE: Groupe de Recherche en Pharmacovigilance, 19, Rue de la Glaciere, 75013 Paris, France.
SOURCE: Adverse Drug Reactions and Toxicological Reviews, (1991) Vol. 10, No. 3, pp. 169-185.
ISSN: 0260-647X CODEN: ADRRER
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 010 Obstetrics and Gynecology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: English
ENTRY DATE: Entered STN: 18 Dec 1991
Last Updated on STN: 18 Dec 1991

L19 ANSWER 73 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1990150090 EMBASE Full-text
TITLE: Angiontensin-converting enzyme inhibitors: A comparative review.
AUTHOR: Raia Jr., J.J., Dr. (correspondence); Barone, J.A.; Byerly, W.G.; Lacy, C.R.
CORPORATE SOURCE: College of Pharmacy, Rutgers University, Piscataway, NJ, United States.
SOURCE: DICP, Annals of Pharmacotherapy, (1990) Vol. 24, No. 5, pp. 506-525.
ISSN: 1042-9611 CODEN: DAPHEX
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 13 Dec 1991
Last Updated on STN: 13 Dec 1991

AB The chemistry, pharmacology, pharmacokinetics, adverse effects, and dosages of the three currently available angiotensin-converting enzyme ( ACE) inhibitors are reviewed. This class of agents effectively inhibits the conversion of

angiotensin I to the active vasoconstrictor angiotensin II, a hormone that also promotes, via aldosterone stimulation, increased sodium and water retention. The ACE inhibitors, therefore, are capable of lowering blood pressure primarily by promoting vasodilitation and reducing intravascular fluid volume. Captopril, the first orally active, commercially available ACE inhibitor, is a sulfhydryl-containing compound. Captopril was followed by the introduction of enalapril and lisinopril, two non-sulfhydryl ACE inhibitors. The pharmacokinetic profiles of these three ACE inhibitors differ. Captopril has rapid onset with relatively short duration of action, whereas enalapril and lisinopril have slower onset and relatively long duration of action. Captopril is an active ACE inhibitor in its orally absorbable parent form. In contrast, enalapril must be deesterified in the liver to the metabolite enalaprilat in order to inhibit the converting enzyme; this accounts for its delayed onset of action. Lisinopril does not require metabolic activation to be effective; however, a slow and incomplete absorption pattern explains the delay in onset of activity. Captopril and its disulfide metabolites are primarily excreted in the urine with minor elimination in the feces. Approximately two-thirds of an administered enalapril dose is excreted in the urine as both the parent drug and the metabolite enalaprilat; the remainder of these two substances are excreted in the feces. Lisinopril does not undergo measurable metabolism and approximately one-third is excreted unchanged in the urine with the remaining parent drug being excreted in the feces. The ACE inhibitors lower systemic vascular resistance with a resultant decrease in blood pressure. Their efficacy is comparable to diuretics and beta-blockers in treating patients with mild, moderate, or severe essential and renovascular hypertension. In those patients with severe congestive heart failure (CHF) the ACE inhibitors produce a reduction in systemic vascular resistance, blood pressure, pulmonary capillary wedge pressure, and pulmonary artery pressure. These drugs may produce improvement in cardiac output and stroke volume and, with chronic administration, may promote regression of left ventricular hypertrophy. The antihypertensive effects of the ACE inhibitors are enhanced when these agents are combined with a diuretic. Captopril and enalapril have been shown to be of particular benefit as adjunctive therapy in patients with congestive heart failure, both in terms of subjective improvement of patient symptoms, and in improving overall hemodynamic status. Although only captopril and enalapril are currently approved by the Food and Drug Administration for the treatment of CHF, early data with lisinopril suggest beneficial effects comparable to those of captopril. Several unapproved, experimental uses for ACE inhibitors have recently been reported and include treatment of proteinuria, scleroderma renal crisis, idiopathic edema, Raynaud's syndrome, and hypertensive emergency. The ACE inhibitors as a group are generally effective and well tolerated in most patients, although the adverse effect profile may vary somewhat among individual agents.

L19 ANSWER 74 OF 79 MEDLINE on STN DUPLICATE 15
ACCESSION NUMBER: 1991031081 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 2226219
TITLE: Angiotensin converting enzyme inhibitors and moderate hypertension.
AUTHOR: McAreavey D; Robertson J I
CORPORATE SOURCE: Department of Cardiology, Western General Hospital, Edinburgh, Scotland.
SOURCE: Drugs, (1990 Sep) Vol. 40, No. 3, pp. 326-45.
Ref: 208
Journal code: 7600076. ISSN: 0012-6667. L-ISSN: 0012-6667.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English

FILE SEGMENT: Priority Journals
ENTRY MONTH: 199012
ENTRY DATE: Entered STN: 8 Feb 1991
Last Updated on STN: 8 Feb 1991
Entered Medline: 24 Dec 1990

AB Recently there has been extensive development of orally active angiotensin converting enzyme (ACE) inhibitors in addition to those already marketed, for example, captopril, enalapril, lisinopril and ramipril. It was initially thought that ACE inhibitors were likely to be most useful as antihypertensive agents in conditions in which circulating renin and angiotensin II were elevated. However, it is now clear that they can also lower arterial pressure when plasma renin is not high. In addition, they have beneficial effects in cardiac failure. Thus, captopril, enalapril, lisinopril and ramipril can be used in the treatment of mild to moderate hypertension either alone or in conjunction with diuretics or calcium antagonists. Broadly speaking, efficacy appears to be similar to that of beta-blockers or diuretics. Unfortunately, however, there are no long term studies comparing one ACE inhibitor with another or with other classes of antihypertensive agents. Furthermore, there are no prognostic studies which show that use of ACE inhibitors reduces morbidity or mortality in hypertension. Many new ACE inhibitors are undergoing clinical assessment, including alacepril, cilazapril, fosenopril, perindopril, quinapril and ramipril. The drugs vary, in that some exist in the active form whereas others are prodrugs which are converted to the active agent following absorption. In addition they each possess one of several ligands, for example, carboxyl, phosphinyl or sulfhydryl groups, and so vary in their affinity for ACE. Although many of these agents are renally excreted, a small number are metabolised via the liver (e.g. quinapril and spirapril) and this may prove advantageous in the presence of renal impairment. In common with captopril and enalapril, the new ACE inhibitors inhibit the renin-angiotensin system and initial results suggest that they are effective in lowering blood pressure in essential hypertension. Furthermore, they reduce systemic vascular resistance in the absence of a reflex tachycardia. There are a number of adverse effects which are attributable to the pharmacological mechanism of the ACE inhibitors as a group; these include hypotension, particularly in patients with high renin levels, prior diuretic use, renal impairment or in the elderly. Additional adverse effects may relate to chemical structure. The high incidence of adverse effects noted in early studies related to excess dosage and to the presence of a sulfhydryl group, which the more recently developed ACE inhibitors lack. The adverse effects most commonly reported with established and new ACE inhibitors include headache and fatigue, cough, skin rashes, hypotension and diarrhoea. As a group, ACE inhibitors have an acceptable but not negligible adverse effect burden.(ABSTRACT TRUNCATED AT 400 WORDS)

L19 ANSWER 75 OF 79 MEDLINE on STN DUPLICATE 16
ACCESSION NUMBER: 1991137244 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 2285612
TITLE: Angiotensin converting enzyme inhibitors: comparative structure, pharmacokinetics, and pharmacodynamics.
AUTHOR: Thind G S
CORPORATE SOURCE: Department of Medicine, University of Louisville School of Medicine, KY.
SOURCE: Cardiovascular drugs and therapy / sponsored by the International Society of Cardiovascular Pharmacotherapy, (1990 Feb) Vol. 4, No. 1, pp. 199-206. Ref: 52
Journal code: 8712220. ISSN: 0920-3206. L-ISSN: 0920-3206.
PUB. COUNTRY: United States
DOCUMENT TYPE: (COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199103
ENTRY DATE: Entered STN: 12 Apr 1991
Last Updated on STN: 12 Apr 1991
Entered Medline: 22 Mar 1991

AB Angiotensin converting enzyme (ACE) inhibitors are a novel class of antihypertensive and anticongestive heart failure agents with wide patient and physician acceptability. By blocking the formation of angiotensin II in blood and tissue, all ACE inhibitors significantly lower systemic vascular resistance, lower blood pressure, and improve cardiac function, while maintaining or enhancing perfusion of vital organs: kidneys, brain, and heart. Captopril is the first oral ACE inhibitor with an active sulfhydryl group. Enalapril and lisinopril are potent nonsulfhydryl inhibitors of ACE characterized by weak chelating properties. The side effects of skin rashes, pruritus, taste abnormalities, oral ulcers, pemphigus, and blood dyscrasias have been considered to be strongly characteristic of penicillaminelike drugs, including the sulfhydryl ACE inhibitors. The class effects of cough, angio-edema, hyperkalemia, nonoliguric functional renal insufficiency, and hypotension can occur with equal frequency with all ACE inhibitors. It is unclear whether the many yet investigational ACE inhibitors would have distinct advantages over captopril, enalapril, lisinopril, and enalaprilat. This paper reviews the comparative structure and clinical pharmacology of the three commercially available but chemically different oral ACE inhibitors.

L19 ANSWER 76 OF 79 MEDLINE on STN DUPLICATE 17
ACCESSION NUMBER: 1989382555 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 2674438
TITLE: Drug interactions with ACE inhibitors.
AUTHOR: Breckenridge A M
CORPORATE SOURCE: Department of Pharmacology and Therapeutics, University of Liverpool, UK.
SOURCE: Journal of human hypertension, (1989 Jun) Vol. 3 Suppl 1, pp. 133-8. Ref: 25
Journal code: 8811625. ISSN: 0950-9240. L-ISSN: 0950-9240.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198910
ENTRY DATE: Entered STN: 9 Mar 1990
Last Updated on STN: 9 Mar 1990
Entered Medline: 20 Oct 1989

AB Drug interactions common to all angiotensin-converting enzyme (ACE ) inhibitors include those with thiazide diuretics and other antihypertensive agents. Interactions involving specific ACE inhibitors include captopril-digoxin, resulting in decreased clearance of digoxin from plasma in patients with heart failure, and captopril-probenecid, causing a decrease in captopril clearance. Tissue kinins, such as bradykinin, are metabolised by ACE inhibitors. Interactions involving bradykinin include captopril-indomethacin, in which an attenuation of the antihypertensive effects of captopril is manifest. Interestingly, neither enalapril nor lisinopril appear to show this interaction with indomethacin. Kinin-based interactions may also be important in the genesis of ACE inhibitor-induced cough and skin rash. Renal dysfunction affects the pharmacokinetics and pharmacodynamics of all ACE inhibitors, necessitating dosage reduction. Hepatic impairment is of less clinical

importance, causing a delay in the onset of action of enalapril with initial doses, but probably having little relevance to long-term therapy.

L19 ANSWER 77 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1988199520 EMBASE Full-text
TITLE: Lisinopril-induced vasculitis.
AUTHOR: Barlow, R.J.; Schulz, E.J.
CORPORATE SOURCE: Department of Dermatology, Medical University of Southern Africa, Pretoria, South Africa.
SOURCE: Clinical and Experimental Dermatology, (1988) Vol. 13, No. 2, pp. 117-120.
ISSN: 0307-6938 CODEN: CEDEDE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
005 General Pathology and Pathological Anatomy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 11 Dec 1991
Last Updated on STN: 11 Dec 1991
AB A 56-year-old man with congestive cardiac failure developed a recurrent progressive vasculitis on his lower legs and feet following exposure to the experimental angiotensin converting enzyme (ACE) inhibitor, lisinopril (MK521). An eosinophilic infiltrate was a feature of early biopsies while later biopsies showed necrosis of the epidermis and thrombosis of dermal vessels. We have not been able to find previous reports of similar reactions to this drug.

L19 ANSWER 78 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1986238564 EMBASE Full-text
TITLE: Adverse reactions with angiotensin converting enzyme (ACE) inhibitors.
AUTHOR: DiBianco, R.
CORPORATE SOURCE: Cardiology Research Clinics, Veterans Administration Hospital, Washington, DC, United States.
SOURCE: Medical Toxicology and Adverse Drug Experience, (1986) Vol. 1, No. 2, pp. 122-141.
ISSN: 0113-5244 CODEN: METOEV
COUNTRY: Australia
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

L19 ANSWER 79 OF 79 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1985000202 EMBASE Full-text
TITLE: Monotherapy of hypertension with angiotensin-converting enzyme inhibitors.

AUTHOR: Materson, B.J.
CORPORATE SOURCE: Department of Medicine, University of Miami, VA Medical Center, Miami, FL 33125, United States.
SOURCE: American Journal of Medicine, (1984) Vol. 77, No. 4 A, pp. 128-134.
ISSN: 0002-9343 CODEN: AJMEAZ
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
028 Urology and Nephrology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
005 General Pathology and Pathological Anatomy
006 Internal Medicine
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

AB Angiotensin-converting enzyme (ACE) inhibitors are clearly effective treatment for all stages of hypertension. Since the introduction of captopril in 1981, numerous ACE inhibitors have been synthesized and are under investigation. Their exact antihypertensive mechanism of action remains unclear. Part of their effect may be mediated by vasodilator prostaglandins. Early studies with as much as 1,000 mg a day captopril demonstrated the agent's ability to reduce blood pressure, but only 10 percent of the severely hypertensive patients were controlled with monotherapy. Subsequent studies have demonstrated that patients with mild to moderate hypertension can be controlled with ACE inhibitor alone, although there is a tendency for the very low doses to lose their effect with time. Black patients are less readily controlled with monotherapy. Captopril has now been demonstrated to be effective in the hypertension of scleroderma and has reversed sclerodermal renal crisis. ACE inhibitors are also effective for the treatment of severe congestive heart failure.

SEARCH HISTORY

=> d his ful

(FILE 'HOME' ENTERED AT 12:44:06 ON 05 APR 2010)

FILE 'HCAPLUS' ENTERED AT 12:44:21 ON 05 APR 2010
E JENSEN BENNY V/AU
L1 18 SEA ABB=ON ("JENSEN BENNY V"/AU OR "JENSEN BENNY VITTRUP"/AU)
E BONNICHSEN RICHARD/AU
L2 25 SEA ABB=ON ("BONNICHSEN R"/AU OR "BONNICHSEN R K"/AU OR "BONNICHSEN RICHARD"/AU)
L3 0 SEA ABB=ON L1 AND L2
L4 43 SEA ABB=ON L1 OR L2
L5 2 SEA ABB=ON L4 AND ACE(W)INHIBIT?

FILE 'REGISTRY' ENTERED AT 12:47:57 ON 05 APR 2010
L6 0 SEA ABB=ON LISNOPRIL/CN
E LISNOPRIL/CN
E LISINOPRIL/CN
L7 1 SEA ABB=ON LISINOPRIL/CN
L8 18 SEA ABB=ON (ALACEPRIL OR DELAPRIL OR BENAZEPRIL OR CILAZAPRIL OR CAPTOPRIL OR ENLAPRIL OR FOSINOPRIL OR LISINOPRIL OR MOEXIPRIL OR PERINDOPRIL OR RAMIPRIL OR QUINAPRIL OR TRANDOAPRIL OR IMIDAPRIL OR ISRADIPIN OR PERINDOPRIL OR SPIRAPRIL OR TEMOCAPRIL OR ENALAPRIL OR LOSARTAN OR COZAAR)/CN
L9 9 SEA ABB=ON (TRANDOLAPRIL OR VALSARTAN OR DIOVAN OR IRBESARTAN OR AVAPRO OR CANDESARTAN OR ATACAND OR TELMISARTAN OR MICARDIS OR EPROSARTAN OR TASOSARTAN OR ZOLARSARTAN OR ZOFENAPRIL OR ISRADIPIN OR CANDESARTAN OR CILEXETIL)/CN

FILE 'HCAPLUS' ENTERED AT 12:51:56 ON 05 APR 2010

L10 16108 SEA ABB=ON ACE?(W)?INHIBITOR? OR ANGIOTENSIN II RECEPTOR ANTAGONISTS
L11 455 SEA ABB=ON L10 AND (?TOPICAL? OR ?SKIN? OR ?DERM?)
L12 42 SEA ABB=ON L11 AND (L7 OR ?LISINOPRIL?)
L13 28 SEA ABB=ON L12 AND (PRD<20040130 OR PD<20040130)
L14 142 SEA ABB=ON L11 AND (ALACEPRIL OR DELAPRIL OR BENAZEPRIL OR CILAZAPRIL OR CAPTOPRIL OR ENLAPRIL OR FOSINOPRIL OR LISINOPRIL OR MOEXIPRIL OR PERINDOPRIL OR RAMIPRIL OR QUINAPRIL OR TRANDOAPRIL OR IMIDAPRIL OR ISRADIPIN OR PERINDOPRIL OR SPIRAPRIL OR TEMOCAPRIL OR ENALAPRIL OR LOSARTAN OR COZAAR)
L15 42 SEA ABB=ON L11 AND (TRANDOLAPRIL OR VALSARTAN OR DIOVAN OR IRBESARTAN OR AVAPRO OR CANDESARTAN OR ATACAND OR TELMISARTAN OR MICARDIS OR EPROSARTAN OR TASOSARTAN OR ZOLARSARTAN OR ZOFENAPRIL OR ISRADIPIN OR CANDESARTAN OR CILEXETIL)
L16 150 SEA ABB=ON L14 OR L15
L17 114 SEA ABB=ON L16 AND (PRD<20040130 OR PD<20040130)
SAV L17 KAR545L17/A

FILE 'MEDLINE, BIOSIS, EMBASE, DRUGU' ENTERED AT 12:57:21 ON 05 APR 2010
L18 79 SEA ABB=ON L13

FILE 'HCAPLUS, MEDLINE, BIOSIS, EMBASE' ENTERED AT 12:58:26 ON 05 APR 2010
L19 79 DUP REMOV L13 L18 (28 DUPLICATES REMOVED)
L20 0 SEA ABB=ON L19 AND ?WRINKL?

FILE 'HCAPLUS' ENTERED AT 12:58:55 ON 05 APR 2010

L21 0 SEA ABB=ON L17 AND ?WRINKL?

FILE HOME

FILE HCAPLUS



FILE COVERS 1907 - 5 Apr 2010 VOL 152 ISS 15
FILE LAST UPDATED: 4 Apr 2010 (20100404/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Feb 2010
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Feb 2010

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Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 4 APR 2010 HIGHEST RN 1216667-33-2
DICTIONARY FILE UPDATES: 4 APR 2010 HIGHEST RN 1216667-33-2

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http://www.cas.org/support/stngen/stndoc/properties.html

FILE MEDLINE
FILE LAST UPDATED: 4 Apr 2010 (20100404/UP). FILE COVERS 1949 TO DATE.

MEDLINE and LMEDLINE have been updated with the 2010 Medical Subject Headings (MeSH) vocabulary and tree numbers from the U.S. National Libra of Medicine (NLM). Additional information is available at

http://www.nlm.nih.gov/pubs/techbull/nd09/nd09_medline_data_changes_2010.

The Medline file has been reloaded effective January 24, 2010. See HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

See HELP RANGE before carrying out any RANGE search.

FILE BIOSIS
FILE COVERS 1926 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 31 March 2010 (20100331/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926 through 1968. These records have been re-indexed to match current BIOSIS indexing.

FILE EMBASE
FILE COVERAGE: EMBASE-originated material 1974 to 2 Apr 2010 (20100402/ED
Unique MEDLINE content 1948 to present

EMBASE is now updated daily. SDI frequency remains weekly (default) and biweekly.

This file contains CAS Registry Numbers for easy and accurate substance identification.

For further assistance, please contact your local helpdesk.

FILE DRUGU
FILE LAST UPDATED: 1 APR 2010 <20100401/UP>
>>> DERWENT DRUG FILE (SUBSCRIBER) <<<

>>> FILE COVERS 1983 TO DATE <<<
>>> THESAURUS AVAILABLE IN /CT <<<

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FULL ESTIMATED COST                                       2.91     777.14

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
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